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ABSTRACT

This study focuses on the nature of rehabilitation facilities, the need for an expansion of those already in existence, and a possible increase in number so that the state can serve all of its handicapped persons by 1975. The general objective was to develop a statewide plan for workshops and rehabilitation facilities. Specific objectives were to identify and classify the existing facilities, improve the quality of services rendered, identify barriers to the proper utilization of workshops and facilities, and assure more effective use of federal and state funds. It was recommended that broader types of services be provided, that seven additional facilities with emphasis on vocational training services be established, and that general hospitals with small rehabilitation units should seek federal funds for expansion. Related documents are available as VT 013 092, 013 094, and VT 013 096. (GEB)

ED050283

Final Report

Comprehensive Statewide Planning

for

Vocational Rehabilitation

Workshops and Facilities

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CONNECTICUT

Volume IV

VT013095

ED050283

FINAL REPORT
STATEWIDE PLANNING
FOR
VOCATIONAL REHABILITATION
WORKSHOPS AND FACILITIES
CONNECTICUT

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STATE DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
600 ASYLUM AVENUE
HARTFORD, CONNECTICUT

JAMES S. PETERS, II ph.D.
Director

ALBERT C. PRYOR, JR. ph.D.
Project Director

1969

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His Excellency John H. Dempsey
Governor of Connecticut
State Capitol
Hartford, Connecticut

Your Excellency:

As chairman of the Advisory and General Committees responsible for the development of the Connecticut State Plan for Workshops and Rehabilities Facilities, it is my privilege to present to you the final report of the Project Staff.

The members of the Committee, and indeed all of us who are engaged in rehabilitation services, are extremely grateful to you for your continuing concern for Connecticut's handicapped citizens.

As you know, many private citizens throughout the State made significant contributions to the work of the Advisory and General Committees and the project staff. I should particularly like to commend to you the members of these committees who gave so much of their time and energy to the compilation of this report.

The report, the culmination of a three year study, the first two years made possible by a Federal Grant, the third year of work supported entirely by the State of Connecticut, seeks to bring some order into the growth and development of rehabilitation facilities in our State. It contains numberous suggestions and recommendations which, if implemented, may hasten the day when Connecticut may be able to minister to the needs of all of its handicapped citizens.

AFFILIATED WITH NATIONAL ASSOCIATION FOR RETARDED CHILDREN
AND CONNECTICUT COUNCIL FOR RETARDED CHILDREN

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This report becomes Volume 4 in a series of research reports developed by the Research Planning and Development Unit of the Division of Vocational Rehabilitation and is the Connecticut State Plan for Workshops and Rehabilitation Facilities.

Again we are most grateful for your help and encouragement.

Very truly yours,

PGL:IG

Paul G. Littlefield, Chairman
Advisory Committee
Statewide Planning for Vocational
Rehabilitation Workshops and
Facilities

A NOTE FROM THE PROJECT DIRECTOR

The Sociologists tell us that human beings are to be understood primarily in terms of their social experience. Out of their experience an identity arises, is sustained, and may undergo change. Experience is the result of social interaction with other human beings in a physical and social environment.

Rehabilitation facilities are not simply brick and mortar, equipment and people. They constitute the physical and social setting in which handicapped clients interact with their fellow human beings, and thus derive a picture of themselves. If these facilities are used to help disabled clients build new and positive pictures of themselves, the probabilities of successful rehabilitation are great indeed, and the workers who labor here are making a tremendous contribution to society.

This Study of Workshops and Rehabilitation Facilities in Connecticut is Volume IV of the series done by the Research Planning and Development Unit of the Division of Vocational Rehabilitation. The previous studies were concerned with the delivery of services to the handicapped, and the extent of disability. The present study focuses on the nature of rehabilitation facilities, the need for an expansion of those already in existence, and the possible increase in their number so that Connecticut may be in a position to serve all its handicapped persons by 1975.

As Director of this study for two years, and the person who carries the final responsibility for the work, I wish to express my personal appreciation to all those persons throughout the State who, in so many ways, helped to make the study possible. Particularly, I should like to thank Mr. Paul Littlefield, Chairman of both the Advisory and the General Committee, who gave so unstintingly of his time, energy, and experience. The members of both the Advisory and General Committees put in many hours reading preliminary reports and offering suggestions to the project staff.

The directors and staff of the agencies surveyed displayed unusual tolerance and understanding when I came to the Project one year after it had started and found it necessary to recast the entire study. For them this meant redoing much of the work they had already done. Many supervisors, counselors and field workers of the Division of Vocational Rehabilitation took the responsibility of making on-site visits and filling out forms to be used as measuring instruments. Without their devotion, the report would not have been possible. The Computer Laboratories of Western New England College and Springfield Technical

Community College assisted in the tabulation of the statistical data. Finally, the staff of the Research, Planning and Development Unit of the DVR went beyond the call of duty in its efforts to get the report out by the target date.

While all of these people made tremendous contributions to the study, they must be absolved of responsibility for its shortcomings. I alone am responsible for any deficiencies. However, if this plan helps the State of Connecticut meet its responsibilities to its handicapped citizens, it has been well worth the effort.

Albert C Pryor, Jr.

Hartford
August, 1969

Albert C. Pryor, Jr., Ph.D.
Project Director

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CHAPTER I

INTRODUCTION

Background and Purposes

Vocational rehabilitation in the United States experienced somewhat random growth. Organizations and agencies developed without a unified form or pattern. This concept has its roots in private philanthrophy and voluntary organizations, beginning as concern for handicapped children, and gradually expanding to include concern for handicapped adults.

About the time of World War I, many workers in this field began to recognize the limited impact of private and voluntary efforts in this direction. They began to press for some form of public responsibility. This pressure resulted in the redefinition of the concept and purposes of military medicine and led to the Smith-Sears Vocational Rehabilitation Act of 1918, which provided that both servicemen and civilians were entitled to rehabilitation services. With the passage by the Congress in 1920 of the Smith-Fess Act, public recognition of rehabilitation was well underway.

The history of rehabilitation in the United States has been marked by an increasing concern for greater numbers of handicapped persons. This is reflected in the fact that the Federal Law has at various times been broadened to include more and more disability groups. Important changes were made in the years 1943, 1954, 1965, 1967, and 1968. We have moved from a concern with only handicapped children to one for all those individuals who suffer from the cultural disadvantages which are inherent in the nature of our social and economic system.

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It is important to note that, in the early stages of the development of an institution, there is rarely a consistent and unified pattern of growth which characterizes all its parts. The growth of rehabilitation in the United States is no exception to this rule. The various voluntary and private organizations all developed their own techniques and ways of doing things. However, as the Federal and State governments began to assume more and more of the financial responsibility for programs of rehabilitation they began to demand more information on how the money was spent.

This study of workshops and rehabilitation facilities of the State of Connecticut stemmed from the Vocational Rehabilitation Amendments of 1965, which enlarged the scope of Vocational Rehabilitation to include many more categories of clients than heretofore. In order to insure that vocational rehabilitation agencies in each state would operate at maximum efficiency in as short a time as possible, the Federal Government allocated funds to each state for two studies, one of the services, and one of the facilities and workshops in that state.

The Statewide Planning for Workshops and Facilities, a companion study to the Statewide Planning for Vocational Rehabilitation Services study published earlier in the year, initiates plans for full utilization and improvement of existing workshops and facilities, and construction of additional workshops in areas where they are needed. In this way, it will be possible for Connecticut to increase the quality and quantity of services to handicapped people so they may "prepare for, and engage in, gainful employment to the extent of their capabilities." This study aims not only to enhance the social and economic wellbeing of the individual, but also to increase the productivity of the nation.

From this research, we have developed a statewide plan to govern the distribution of funds and the location and development of facilities. The two main goals are to see that priorities be given to locating new facilities and workshops in areas of greatest need and seeing that existing facilities and workshops operate more efficiently. The plan is a broad concept, involving recognition of the need for new facilities, and continuing evaluation of existing ones.

Objectives of the Study

The general objective of this research is to develop a Statewide Plan for workshops and rehabilitation facilities for the State of Connecticut. The plan is intended to be simple, flexible, and practical. It should be developed in phases of increasing thoroughness and completeness through the following specific objectives:

1. To identify and classify the existing vocational rehabilitation facilities in the State.
2. To evaluate the nature and effectiveness of the services now being rendered by the rehabilitation facilities and workshops in the State.
3. To improve the quality of services rendered by these workshops and facilities as economically as possible.
4. To correct deficiencies in the existing workshops and facilities.
5. To stimulate the construction of needed facilities to the end that the State may be in a position by 1975 to serve adequately all handicapped persons.
6. To discourage the construction and expansion of facilities in areas of the State where needs will be minimal.
7. To identify barriers that may prevent or delay proper utilization of workshops and facilities.
8. To develop an orderly distribution and location of

workshops and facilities in keeping with projected population growth and predicted needs for services

9. To assure more effective use of Federal and State funds by avoiding unnecessary duplication of services

10. To improve client services by developing more effective inter-relationships and utilization policies among workshops and rehabilitation facilities, the Connecticut Board of Education and Services for the Blind, and the Division of Vocational Rehabilitation

11. To prepare a written plan determining the need for workshops and rehabilitation facilities, and provide for a continuing program to assess such needs and evaluate activities related to the establishment, construction, utilization, development, and improvement of these workshops and facilities

12. To coordinate these plans with the recommendations of the Statewide Planning Project of the Division of Vocational Rehabilitation

The Planning Process

The development of this Project may be conceived of as proceeding in four phases: (1) the preparatory activities, (2) a comprehensive analysis of data on workshops and facilities, (3) the development of a State Plan, based on the findings, and (4) an annual modification of the State Plan.

The Project was funded in Connecticut on July 1, 1966, thus initiating the first phase. The present document marks the end of Phase III.

Phase I - Preparatory Activities

Immediately after the Project had been funded, an Acting Facilities Specialist, Miss Ellen Eskelund, was appointed and began the task of orienting the State agency and other agencies engaged in the rehabilitation process at the local level. Miss Eskelund served in this capacity about six months, during which time she visited thirty-five workshops and rehabilitation centers. She also devised and sent out a preliminary inventory form to pave the way for the second phase of the study.

At the completion of the six-month preliminary study, Mr. John Sesera became interim director, to be followed at the end of the first year of the Project by Albert C. Pryor, Jr., Ph.D.

Advisory Committee

An Advisory Committee was chosen to work with the Director and his staff. This group was drawn from public and private agencies engaged in rehabilitation work in Connecticut, to serve the following roles:

1. Provide consultation and advice to the Project Director
2. Discuss the need for workshops and facilities development, and make recommendations on expansion of services
3. Assist the Planning Staff in identifying existing problems of workshops and facilities
4. Aid in the identification of standards and criteria related to workshops and rehabilitation facilities
5. Ensure that the final plan represents a broad range of community interest; i.e., the rehabilitation facilities, governmental organizations, the Division of Vocational Rehabilitation, and all handicapped persons
6. Suggest unmet needs and set priorities for the State

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Paul Littlefield, Assistant Director
Aid for Retarded Children, Stamford

Thomas Chieppo
Immediate Past President
Easter Seal-Goodwill Industries
Rehabilitation Center, New Haven

Arthur L. Dubrow
Director of Mental Retardation Services
Office of Mental Retardation
State Department of Health

William Duncan
Chief of Rehabilitation Services
Board of Education and Services
for the Blind

William Ennis
Deputy Commissioner of Labor (retired)
State of Connecticut

Joseph Galotti
Assistant Bureau Chief
Division of Vocational Rehabilitation
State Department of Education

Otto Goldkamp, M.D.
Associate Director of Physical Medicine
Hartford Hospital

Arnold Lawrence, A.I.A.
Chairman, Governor's Committee
on Employment of the Handicapped

Louis R. Mattie, M.D.
Assistant Clinical Professor
Yale University School of Medicine

Wesley C. Westman, Ph.D.
Project Director
Statewide Planning for
Vocational Rehabilitation Services

The General Committee

A General Committee of twenty-seven persons was appointed to serve as an advisory group. These people, selected from both public and private agencies engaged in the rehabilitation process in all parts of the State, are knowledgeable and interested in the general welfare of all the people of Connecticut.

The Committee met with the Planning Staff on June 13, 1967, and on March 26, 1968 at the New Haven Rehabilitation Center in New Haven. The Committee has the following functions:

1. Provide consultation and advice to the Project Director and Planning Staff
2. Aid in the development of general standards for workshops and facilities
3. Discuss the need for expansion of rehabilitation services and make recommendations to the Planning Staff
4. Develop community understanding of, and support for, Statewide Planning
5. Aid the Planning Staff in making a continuing evaluation of workshops and facilities
6. Insure that the final Master Plan provides for the location of facilities in areas of the State destined to have the greatest need
7. Aid in the methods of implementation of final recommendations
8. Suggest unmet needs and the setting of priorities for the State

GENERAL COMMITTEE

chairman

Paul Littlefield, Assistant Director
Aid for Retarded Children

Albert Calli, Director
Easter Seal-Goodwill Industries
Rehabilitation Center, New Haven

Joseph Colombatto, Director
New Haven Regional Center

Howard J. Crockett
Executive Vice President
Gaylord Hospital, Wallingford

Norman Fendell
Manchester Association for the Help
of Retarded Children

Fred F. Finn, Superintendent
Seaside Regional Center, Waterford

Raymond J. Fitzpatrick
Executive Director
Waterbury Association for
Retarded Children

Beger E. Foss
Hospital Consultant
Newington Children's Hospital

Josephine Fuhrmann, M.D.
Department of Physical Medicine
and Rehabilitation
Yale-New Haven Hospital

Mrs. Marie L. Gall, Director
Kennedy Center, Bridgeport

Kenneth Gertz, Director
Rehabilitation Center of
Central Connecticut, Meriden

Mrs. Gano Haley
Greenwich Association for
Retarded Children

Mrs. Karen Kagey
Executive Director
Society to Advance the
Retarded, Norwalk

Mrs. Mildred Kronow
Director, (Retired)
Sheltered Workshop Division
Goodwill Industries of
Western Connecticut

Clifford Lockyer
Regional Center for the
Retarded, Bridgeport

Edmund McLaughlin, Director
Rehabilitation Center of
Eastern Fairfield County
Bridgeport

William Metzger
Former Director
Danbury Association to
Advance the Retarded

Miss Gertrude Norcross
Executive Director
Connecticut Society for
Crippled Children and Adults

O. Clay Oliver
Executive Director
The Constructive Workshop
New Britain

Miss Ruby C. Oscarson, Executive Director
Rehabilitation Center of Southern
Fairfield County, Stamford

General Committee (continued)

The Reverend Joseph Pouliot
Goodwill Industries of
Western Connecticut, Bridgeport

Carl V. Puleo
Assistant Director
Easter Seal-Good Will Industries
Rehabilitation Center, New Haven

Albert Soforenko, Ph. D.
Superintendent
Hartford Regional Center

Miss June Sokolov
Executive Director
Hartford Rehabilitation Center

Elizabeth Stabler, Ed. D.
Director
Aid for Retarded Children
Stamford

Mrs. Robina Tracy
United Cerebral Palsy
Association of Fairfield County

Donald L. Wise
Executive Director
Waterbury Area Rehabilitation Center

Planning Relationships with other State Agencies

The Planning Staff worked to coordinate this planning project with other State planning activities through close association with Dr. Wesley C. Westman and his staff who were engaged in Statewide Planning for Vocational Rehabilitation Services, Dr. Harvey K. McArthur, President of the Connecticut Institute for the Blind, and Mr. Samuel S. Goldstein, President of the Connecticut Association for Mental Health. A liaison was established with these and other State agencies so that work in this planning field could be coordinated and unnecessary duplication of effort be avoided.

Review of Existing Data

The Planning Staff has consistently been engaged in reviewing planning activities of other agencies in the State. Particular attention was given to the Mental Health Facilities Construction Plan, Department of

Mental Health, State of Connecticut, 1966; Miles to Go, Report of the Mental Retardation Planning Project, March 1966; the Harbridge House Study of Vocational Rehabilitation, Boston, Massachusetts, March 1966; Connecticut Takes Stock for Action, Connecticut Development Commission, June 1964; and Construction Plan for Hospitals and Medical Facilities, by the Connecticut State Department of Health, Hartford, 1966.

Division of the State into Planning Areas

In order to facilitate the planning process, it was considered desirable to divide the State into planning areas. The regions of the State of Connecticut differ in terms of density of population, economic resources, social characteristics, cultural and topographical characteristics, and degree of urbanization, all factors to be considered in delineating planning areas.

Since the State Board of Education had already divided the State into five regions for other purposes and these regions seemed to be based on the criteria mentioned above, it was decided to adopt this regional classification. The regions are Hartford, New Haven, Bridgeport, Waterbury, and Norwich. Since these regions seemed to have a degree of unity in terms of population, economic resources, social characteristics, cultural and topographical characteristics, and urban trends, it was decided to relate these factors to needs for workshops and rehabilitation facilities.

PROJECT STAFF

Project Director

Albert C. Pryor, Jr., Ph.D.

Research Planning Associate

Frank C. Grella, Ph.D.

Publications Associate

Helen D. Hathaway

Research Analyst

Donna L. Friedeberg

Research Consultants

Ellen Eskelund
Acting Facilities Specialist

John Sesera
Interim Director

Robert W. Bain, Bureau Chief
Bureau of Community and
Institutional Services

Clifford C. Beebe
Bureau of Community and
Institutional Services
Facilities Specialist

Joseph A. Carano
Bureau of Community and
Institutional Services
Specialist Cooperative
Programs

Editorial Assistant

Dorothy B. Hoagland

Typists

Sharon Reid

Ruth Miner

Joyce Pasqurell

Charlotte Hunter

Marlena Williams
Mary Manchester

CHAPTER II

THE DESIGN OF THE STUDY

In scientific research, design is most important. On it must rest the validity of any findings reported.

The Statewide Plan

The research reported here was compiled for use in developing a Statewide Plan for Workshops and Rehabilitation Facilities in Connecticut. This plan is to be a public document for guiding and influencing the utilization, improvement, and construction of workshops and rehabilitation facilities. According to the Federal Register[1], the State Plan should include:

1. An inventory of existing workshops and rehabilitation facilities within the State, as well as those which can be readily utilized although located outside the State, and a description of services provided therein
2. An evaluation of utilization patterns of existing workshops and facilities and their utilization potential
3. A determination of needs for new workshops and rehabilitation facilities throughout the State including:
    a. Relative needs on a geographical and disability basis
    b. A priority list of programmed projects over a short-range period
    c. Long-range goals through 1975
4. A description of continuing activities of the State agency in the area of workshops and rehabilitation facilities as evidenced by anticipated programs under the Vocational Rehabilitation Act, the Medical Facilities Survey and Construction Act, the Mental Retardation Facilities and Community Mental Health Centers Construction Act, and other pertinent authority

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[1] Vol. 31, No. 9; Friday, January 14, 1966; pp. 513-514, paragraph 401.145

5. A description of continuing coordination of this planning with other planning activities within the State which involves workshops and rehabilitation facilities

It should be remembered that planning is a dynamic and continuing process. This means it is never complete, but always in process, requiring continual updating, change, and coordination. The State Plan for Workshops and Rehabilitation Facilities in Connecticut, then, is the document which results from this research, plus subsequent annual modifications.

There were some very basic questions underlying the whole pattern of this research. It was immediately obvious that if we were to make any reasonably accurate estimates of the extent of total need for services of workshops and rehabilitation facilities for Connecticut to meet the national goal of total service to all eligible handicapped by 1975, we must plan our research around the following questions:

1. The total number of such facilities in the State now
2. The capacity of these facilities
3. The extent of the capacity to which these facilities are being utilized
4. The services currently available on a geographic basis
5. Needed services not now being supplied
6. The reason these needs are not being met
7. The population today and the projected population of 1975
8. The number of persons who may reasonably be expected to need the services of workshops and rehabilitation facilities in the year 1975
9. The geographical location of such persons

In order to gain this information, it is necessary to:

1. Develop an inventory of all present facilities

2. Develop a measurement of utilization of these facilities
3. Utilize population projections
4. Using the above, estimate the future needs of services on a geographic and disability basis

A questionnaire was designed with these ideas in mind.

THE PILOT PROJECT

The second year of the study was utilized in the development of a pilot project. The first year's activity had been hampered by limitations and changes in personnel, and by the use of an inventory form which the present Director found inadequate when he assumed leadership of the study at the beginning of the second year. At this time it was decided that the second year should be spent in redesigning the inventory form and developing other measuring instruments.

Out of the pilot project came the following "methodological instru-- ments" applied to the facilities used in the study:

1. The Questionnaire (Survey Form)
2. The Narrative Guide and Check List used to get a subjective evaluation and description of each facility
3. The Counselors' Opinion Survey Form used to elicit the attitudes of professional personnel working in the field with both rehabilitation agencies and clients

Definition of Terms

It is necessary to define clearly some terms which are used consistently in this study. The definitions are those used by the Federal Register[2].

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[2] Vol. 34, No. 20; Thursday, January 30, 1969

1. "Handicapped individual" means any individual who has a physical or mental disability and a substantial handicap to employment, which is of such a nature that vocational rehabilitation services (paragraph (z) (1) of this section) may reasonably be expected to render him fit to engage in a gainful occupation, including a gainful occupation which is more consistent with his capacities and abilities.

"Handicapped individual" also means any individual who has a physical or mental disability and a substantial handicap to employment for whom vocational rehabilitation services (paragraph (z) (2) of this section) are necessary for the purpose of extended evaluation to determine rehabilitation potential.

2. "Gainful occupation" includes employment in the competitive labor market; practice of a profession; self-employment; homemaking; farm or family work (including work for which payment is in kind rather than in cash); sheltered employment; and home industries or other gainful homebound work.

3. "Physical or mental disability" means a physical or mental condition which materially limits, contributes to limiting or, if not corrected, will probably result in limiting an individual's activities of functioning. It includes behavioral disorders characterized by a pattern of deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, educational, cultural, social, evironmental, or other factors.

4. "Rehabilitation facility" means a facility which is operated for the primary purpose of providing vocational rehabilitation services to or gainful employment for handicapped individuals, or for providing evaluation and work adjustment services for disadvantaged individuals under Part 402 of this chapter, and which provides singly or in combination one or more of the following services for handicapped individuals: (1) Comprehensive rehabilitation services which include, under one management, medical, psychological, social, and vocational services; (2) testing, fitting or training in the use of prosthetic and orthotic devices; (3) prevocational conditiong or recreational therapy; (4) physical and occupational therapy; (5) speech and hearing therapy; (6) psychological and social services; (7)evaluation; (8) personal and work adjustment; (9) vocational training (in combination with other rehabilitation services); (10) evaluation or control of special disabilities; and (11) transitional or long-term employment for the severely handicapped who cannot be readily absorbed in the competitive labor market:

Provided, That all medical and related health services must be prescribed by, or under the formal supervision of, persons licensed to practice medicine or surgery in the State.

5. "Vocational rehabilitation services" means any goods and services necessary to render a handicapped individual fit to engage in a gainful occupation, including (i) evaluation, including diagnostic and related services; (ii) counseling and guidance; (iii) physical restoration services; (iv) training, including personal vocational adjustment; (v) books and training materials (including tools); (vi) maintenance; (vii) placement; (viii) followup services; (ix) tools, equipment, initial stocks and supplies, including equipment and initial stocks and supplies for vending stands; (x) management services and supervision provided by the State agency and acquistion of vending stands or other equipment and initial stocks and supplies, for small businesses enterprises, operated under the supervision of the State agency by the severely handicapped; (xi) transportation; (xii) occupational licenses; (xiii) reader services for the blind; (xiv) interpreter services for the deaf; (xv) services to members of a handicapped individual's family when such services will contribute substantially to the rehabilitation of the handicapped individual; (xvi) recruitment and training services for new employment opportunities in the fields of rehabilitation, health, welfare, public safety, law enforcement, and other appropriate service employment; and (xvii) such other goods and services as are necessary to render a handicapped individual fit to engage in a gainful occupation.

"Vocational rehabilitaion services" (for the purpose of extended evaluation for the determination of rehabilitation potential) also means any goods or services, including the items specified in subparagrah (1) (i) through (vi), (xi), (xiii-xv), and (xvii) of this paragraph, which are provided to an individual who has a physical or mental disability and a substantial handicap to employment, during the period specified by the Administrator (§401,31) to be necessary for, and which are provided for the purpose of ascertaining whether it may reasonably be expected that such individual will be rendered fit to engage in a gainful occupation through the provision of goods and services described in subparagraph (1) of this paragraph:

"Vocational rehabilitation services" also covers the establishment of a rehabilitation facility and the construction of a rehabilitation facility;

The term also covers the provision of other facilities and services which promise to contribute substantially to the rehabilitation of a group of individuals but which are not related directly to the rehabilitation plan of any one handicapped individual.

6. "Workshop" means a rehabilitation facility, or that part of a rehabilitation facility, where any manufacture or handiwork is carried on and which is operated for the primary purpose of (1) providing

gainful employment or professional services to the handicapped as an interim step in the rehabilitation process for those who cannot be readily absorbed in the competitive labor market or during such time as employment opportunities for them in the competitive labor market do not exist; or (2) providing evaluation and work adjustment services for disadvantaged individuals under Part 402 of this chapter.

7. "Establishment of a rehabilitation facility" means (1) the expansion, remodeling, or alteration of existing buildings, necessary to adapt or to increase the effectiveness of such buildings for rehabilitation facility purpose; (2) the acquisition of initial equipment for such purposes; or (3) the initial staffing of a rehabilitation facility, for a period not to exceed 4 years and 3 months.

Classification of Facilities

As indicated above, the pilot study had revealed a classification system which could be applied with some degree of confidence to rehabilitation facilities in Connecticut. This pre-study revealed the eight-fold classification system which follows:

1. Rehabilitation center (with workshop)
2. Rehabilitation center (without workshop)
3. Workshop (general workshop oriented to the needs of physically handicapped
4. Workshop (oriented to the needs of the mentally retarded)
5. School (oriented toward rehabilitation)
6. General hospital (with rehabilitation unit)
7. Special hospital (oriented toward rehabilitation)
8. Other (explain)

The general rehabilitation center may or may not have a workshop connected with it. It does provide comprehensive services such as evaluation, physical therapy, occupational therapy, and other services.

While a rehabilitation center provides a wide range of medical, psychological, social, and vocational services under one management, it may also have a workshop under the same management. It is for this reason that we have divided these centers into two classes.

Workshops are of two types. The general workshop is primarily oriented to the needs of the physically handicapped client. It provides a place in which this individual can develop work skills and be employed until he is able to compete in the open labor market. The second type of workshop is primarily interested in the retarded client.

While schools are rehabilitative agencies, their emphasis is on training the individual to make adjustment to his environment, despite his handicap. Such schools may be concerned with the blind and the deaf.

Hospitals in Connecticut are of two types. The first, the general hospital, may do some work that could be classified as vocationally rehabilitative in nature, but its primary orientation is to physical and medical restoration, not to vocational rehabilitation. Such hospitals may have psychiatric wards and therapy facilities generally used in rehabilitation centers. The second type of hospital is primarily concerned with rehabilitation work. It may serve a specific and limited population, such as tuberculosis patients, patients suffering from chronic diseases, or the elderly.

The Sample of Facilities Studied

It was our intention to get a complete inventory of all rehabilitation facilities in the State. With this purpose in mind, we accumulated a list of some one hundred and ten agencies and organizations which seemed to be providing some form of rehabilitation service. With the cooperation of Mr. Robert W. Bain, Bureau Chief, Bureau of Community and Institutional Services, and Mr. Clifford C. Beebe, Facilities Consultant, both of the

Division of Vocational Rehabilitation, and with the assistance of members of our Advisory Committee, we were able to compile a list which included most of the facilities in the State providing any services of a rehabilitative nature.

Questionnaires were sent to eighty-six facilities in the State. Six replied by letter that the questionnaire was not applicable. Ten did not reply at all. We later determined from other sources that most of these were not relevant to the study. One facility did, later, give us some data, but never returned the questionnaire. After making the necessary follow up, by letter and telephone, we finally received data on sixty-nine facilities by the cut-off date of May 12, 1969. Our working sample, then, consists of 69 facilities which did get their data to us in time for inclusion in the analysis. In view of the fact that, out of seventy-seven facilities from which we should like to have obtained data, only eight did not finally send in a report, we can say with a great deal of confidence that our working sample of facilities is representative of the universe of rehabilitation facilities in the State of Connecticut.

Table I, p.21 lists the 69 facilities studied by name and location, and classifies them by region and type.

TABLE 1

FACILITIES IN STUDY CLASSIFIED BY REGION AND TYPE

HARTFORD REGION

NAME OF FACILITY	Type	No. of Clients Served Last Year	Average Daily Caseload	Capacity	% of Utilization
Hartford Rehabilitation Center	1	1215	92	152	61
	2				
Constructive Workshop, Inc.	3	94	38	40	95
Favar Services	4	16	15	15	100
Manchester Sheltered Workshop	4	25	25	30	83
Hartford Regional Center	4	112	34	45	93
American School for the Deaf	5	243			
Hartford Hospital	6	2571	92		
Mount Sinai Hospital	6	2652	16		
Saint Francis Hospital	6	23,774			
Manchester Memorial Hospital	6		30	30	100
Veterans Home & Hospital	6	2,000	953		
Veterans Administration Hospital	6	6,605	105	150	70
Institute of Living	7	1,022	414	420	90
New Britain Memorial Hospital	7		200	200	100
Cedarcrest Hospital	7	1,508	186	272	68
Newington Children's Hospital	7	1,254	170	200	85
Greater Hartford Home Care Program	8	200	55	60	92
Niles House	8	41	14	16	88
Johnson Memorial Hospital	8	7,685	85	150	57

TABLE 1
(continued)

FACILITIES IN STUDY CLASSIFIED BY REGION AND TYPE

NEW HAVEN REGION

NAME OF FACILITY	Type	No. of Clients Served Last Year	Average Daily Caseload	Capacity	% of Utilization
Valley Association for Retarded Children	1	29	29	40	72
Undercliff Mental Health Center	1	400	120		
Easter Seal Goodwill Industries Rehabilitation Center	1	1,824	370	375	99
Central Connecticut Rehabilitation Center, Inc.	2	977	65	65	100
	3				
Regional Training Center & Sheltered Workshop	4	48	47	50	94
New Haven Regional Center	4	100	84	85	99
	5				
Griffin Hospital, Department of Physical Medicine	6	1,140	77	80	96
Saint Raphael's Hospital, Department of Physical Medicine	6	2,140	60	80	75
Yale New Haven Hospital	6				
U.S. Veterans' Administration Hospital	6	998	263	280	94
Connecticut Valley Hospital	7	4,080		1,570	90
Laurel Heights Hospital	7	329	72	105	69
Gaylord Hospital	7				
Chester Work Activity Program	8	6		15	67
Long Lane School	8	320	350	160	88

TABLE 1
(continued)

FACILITIES IN STUDY CLASSIFIED BY REGION AND TYPE

BRIDGEPORT REGION

NAME OF FACILITY	Type	No. of Clients Served Last Year	Average Daily Caseload	Capacity	% of Utilization
Goodwill Industries of Western Connecticut & Sheltered Workshop	1	237	175	355	49
Rehabilitation Center of Southern Fairfield County	1	690	90	150	60
Rehabilitation Center of Eastern Fairfield County	2	1,664	85		
Danbury Association to Advance the Retarded & Handicapped, Inc.	3	90	64	90	71
Kennedy Center	4	98	65	75	87
Society to Advance the Retarded Vocational & Sheltered Workshop	4	78	44	55	80
Stamford Training Workshop	4	91	65	25	260
	5				
Greenwich Hospital Association	6	1,500	65	100	65
Norwalk Hospital	6	1,000	51	60	85
Hillside Hospital	7		298	298	100
Fairfield Hills Hospital	7	5,747	2,617	2,562	100
St. Joseph's Manor	7	349	284	285	100
Bridgeport Area Mental Health Association	8	68			
Park City Hospital	8	19,937			
United Cerebral Palsy Association	8	170	40	45	89
Danbury Hospital	8				

TABLE 1
(continued)

FACILITIES IN STUDY CLASSIFIED
BY REGION AND TYPE

WATERBURY REGION

NAME OF FACILITY	Type	No. of Clients Served Last Year	Average Daily Caseload	Capacity	% of Utilization
Easter Seal Rehabilitation Center	1	467	70	100	70
	2				
Lark Industries	3	39	26	140	65
Waterbury Association for Retarded Children Vocational Training Center & Sheltered Workshop	4	265	43	55	78
Southbury Training Center	5	1,991	1,961	1,980	99
Treatment Center of United Cerebral Palsy of the Greater Waterbury Area	5	113	23	36	64
Saint Mary's Hospital	6	1,078	54	83	65
Charlotte Hungerford Hospital	6				
Waterbury Hospital Psychiatric Clinic	6	449	30	33	91
Anna Hadley Hakes Memorial Clinic	6	45	7	10	70
	7				
	8				

TABLE 1

(continued)

FACILITIES IN STUDY CLASSIFIED BY REGION AND TYPE

NORWICH REGION

NAME OF FACILITY	Type	No. of Clients Served Last Year	Average Daily Caseload	Capacity	% of Utilization
Easter Seal Center of Southern Connecticut	1	308	35	45	77
Seaside Regional Center	1	1,060	1,060	1,155	92
	2				
	3				
Putnam Regional Center	4	26	24	30	80
Mansfield Training Center	5	1,822	1,761	1,900	93
Putnam Regional Center	5	506	96	96	100
The William W. Backus Hospital Dept. of Physical Medicine	6	777	27	25	80
Windham Community Memorial Hospital	6				
Norwich Hospital	7	5,370	3,700	3,700	100
Uncas-DN-Thames Hospital	7	3,268			
Preston Work Activity Program	8	32	31	35	89
Connecticut State Farm for Women	8	1,492	225	184	65
Seaside Work Activity Program	8	40	34	35	97

The Questionnaire

The questionnaire was designed to elicit information from the respondents on various aspects of the problem with which the research was concerned. First, it was necessary to get pertinent information regarding the facility and its classification as a rehabilitation center, workshop, school, hospital, or other category. If a center, does it have a workshop as part of its structure? If a workshop, is it generally oriented to the needs of all physically handicapped, or is it especially concerned with the mentally retarded? If a hospital, does it specialize in rehabilitation, or is it a general hospital with a rehabilitation unit?

Part I A. of the questionnaire was designed to answer these questions. The respondent was asked to circle one of the numbers from one to eight. Other questions we sought to get answers to were:

B. What is the emphasis of the program?

C. Who sponsors the program?

D. What is the sponsorship interest in the property?

E. What factors affect admission to the facility?

In the case of each question, alternatives were proposed and numbered, and the respondent was asked to check only one number. (No effort is made here to explain the entire questionnaire. A complete copy may be found in the Appendix.)

Since this research was primarily descriptive in nature, it was necessary to have comparable data on the various facilities under study. Therefore, most of the questionnaire was designed to get such comparative data. It was important to reveal the types of services the facility offered, the disability groups it served, its source of referrals, the number and types of patients it served during the last fiscal year, and the total number of clients accepted for service during the last fiscal year. It was also important to know the average number of clients now being served daily in the facility, and the number which could be served in any single day with the usual staff employed. We wanted to know whether the facility attempted to prepare its clients for the competitive labor market, whether it had a placement program and a follow-up service.

Part I of the questionnaire was therefore designed to get the answers to these questions.

Part II was concerned with program emphasis, services offered, disability groups served, sources of referrals, and facility capacity and utilization.

Part II B. listed twenty-five possible services which might be offered in rehabilitation facilities.

In Part II C. twenty-five possible disability groups that might be accepted for service were listed and numbered, and the respondent was asked to check the number of those which applied. We were only interested in those disability groups which comprised a significant proportion of the total number of persons served. This was defined as being "at least 10% of the total."

In order to get some information regarding the source of referrals, Part II D. of the questionnaire was designed with 14 possible sources numbered and listed. The respondent was asked to estimate the percentage of referrals to the right of the numbered and listed sources. It was indicated that the total percentage should be 100%.

Measurement of Utilization and Capacity

In order to determine to what degree the present facilities are being utilized, it was necessary to build into the questionnaire a measurement of utilization. Part II includes questions designed to show utilization of facilities.

It is readily apparent that the answers to questions concerning the numbers of persons served last fiscal year, the number referred to the facility for service during the last fiscal year; the number of clients accepted for services during the fiscal year; the average number of clients now being served _daily_ in the facility; the total number who _can_ be served in any single day with the present staff tell us something about capacity and utilization of the facility. This information enables us to reduce characteristics to measurement.

Organization and Administration

It is important to know how the workshops and rehabilitation facilities in Connecticut are organized and administered, since this reflects the nature of the service provided. According to William A. Massie, Executive Secretary of the National Policy and Performance Council of the Rehabilitation Services Administration, in the fiscal year 1966, $30 million was spent nationally by state rehabilitation agencies for the purchase of case services in facilities and workshops. It is important to know that this money is being spent efficiently, effectively, and wisely.

In order to pinpoint the problem, the National Policy and Performance Council has developed a set of "standards to measure effective delivery of services."

Many of the questions in Part III of the questionnaire were taken from its policy manual. As we wanted to know to what extent Connecticut workshops and rehabilitation facilities measure up to the standards set by the national organization, the questions in this section were designed to give us information for this aspect of the study.

Nature of the Physical Plant

Part IV of the questionnaire was concerned with the nature of the physical plant. It is important to know whether the facility is located on a public transportation line, because if it is not, we should know if the facility provides transportation. We wished also to know if the site and size of the property is adequate to the operation of its present program, and if it would be adequate for an expanded program.

Personnel

Part V was designed to measure the size and professional capacity of the staff employed by the facility, since this affects the quality of services and the capacity of the facility. Capacity of facility is more important than the number of facilities in a particular region.

We listed and numbered twenty-three possible staff positions and asked that the respondent check the positions represented in the facility. To the right of these numbered positions, we left spaces in which the respondent was to indicate whether personnel were full time or part time people.

Community Relations

Part VI of the questionnaire was concerned with the public image of the facilities. We asked for information on their public information programs and whether this work was handled by a full time person within the facility itself, or by an agency outside the facility.

Finance and Management

Part VII was designed to obtain information on the nature of the operating budget which the facility had had during the last fiscal year.

Narrative Check List and Guide for Counselors

The purpose of the Narrative Check List and Guide for Counselors was to provide an instrument for the counselors to use in their on-site evaluation of the facilities. The design of the research called for an on-site evaluation of each facility included in the study. Since these evaluations were being done by different people and there was a possibility that different people would view the facility in different ways, it was important that the design of the research provide some assurance of comparability in the evaluations. Therefore, all counselors were provided with the same basic structure within which they could view the separate facilities.

The Narrative Check List and Guide contained two correlated parts. Part I, the objective section, consisted of a series of topics addressed to different aspects of the facility, such as location, nature of the physical plant, services provided. Under each of these topics was a series of questions, with space provided for a "yes" or "no" answer to be checked by the person making the evaluation. Part II, the subjective part of the instrument, was correlated with Part I by references made to the same general topics.

Opinion Survey Form for Counselors

The Opinion Survey Form for Counselors was a second instrument designed to gather data from professional people in the field, who were asked to fill out one of these forms, based on an on-site visit. Whereas the Narrative Check List and Guide dealt with "things as they are", this form asked for information as to what, ideally, should be done to achieve the optimum in rehabilitation services for all who will be in need of such services in 1970, 1972, and by 1975. Since it is the responsibility of this Project to formulate suggestions for improvement in facilities, an increase in their number, and information regarding proposed locations, we felt that the experience of these professional people would be invaluable as a guide in this decision-making process.

Use of the Advisory and General Committees

The essence of our work has been to develop a plan for orderly growth and development of rehabilitation facilities. The researchers alone do not have this responsibility. We are coworkers with the people of the State of Connecticut, who are represented by the Advisory Committee and the General Committee. It is the responsibility of these committees to work with the research staff, submitting ideas, data, and offer other information.

We have been fortunate in that our two committees have made valuable contributions to the development of this State Plan. The Advisory

Committee offered many suggestions, regarding the nature of the questionnaire, which were used. Both this Committee and the General Committee reviewed much of the data on which the conclusions of this report rest and made many suggestions regarding recommendations and priorities. Mr. Paul Littlefield, Chairman of both committees, gave a great deal of his time to reading partial reports and offering suggestions for improvement of the study. Mr. Robert Bain, Bureau Chief, Bureau of Community and Institutional Services, Mr. Clifford Beebe, Facilities Specialist, and Mr. Joseph A. Carano, Specialist-Cooperative Programs, the District Supervisors who arranged to have counselors make on-site evaluations, the counselors who did this work, and all the professionals who made conscientious use of the Opinion Survey Form contributed enormously to the successful completion of the study. Therefore, we wish to express our grateful acknowledgement for these efforts on the part of Division of Vocational Rehabilitation personnel and committee members.

CHAPTER III

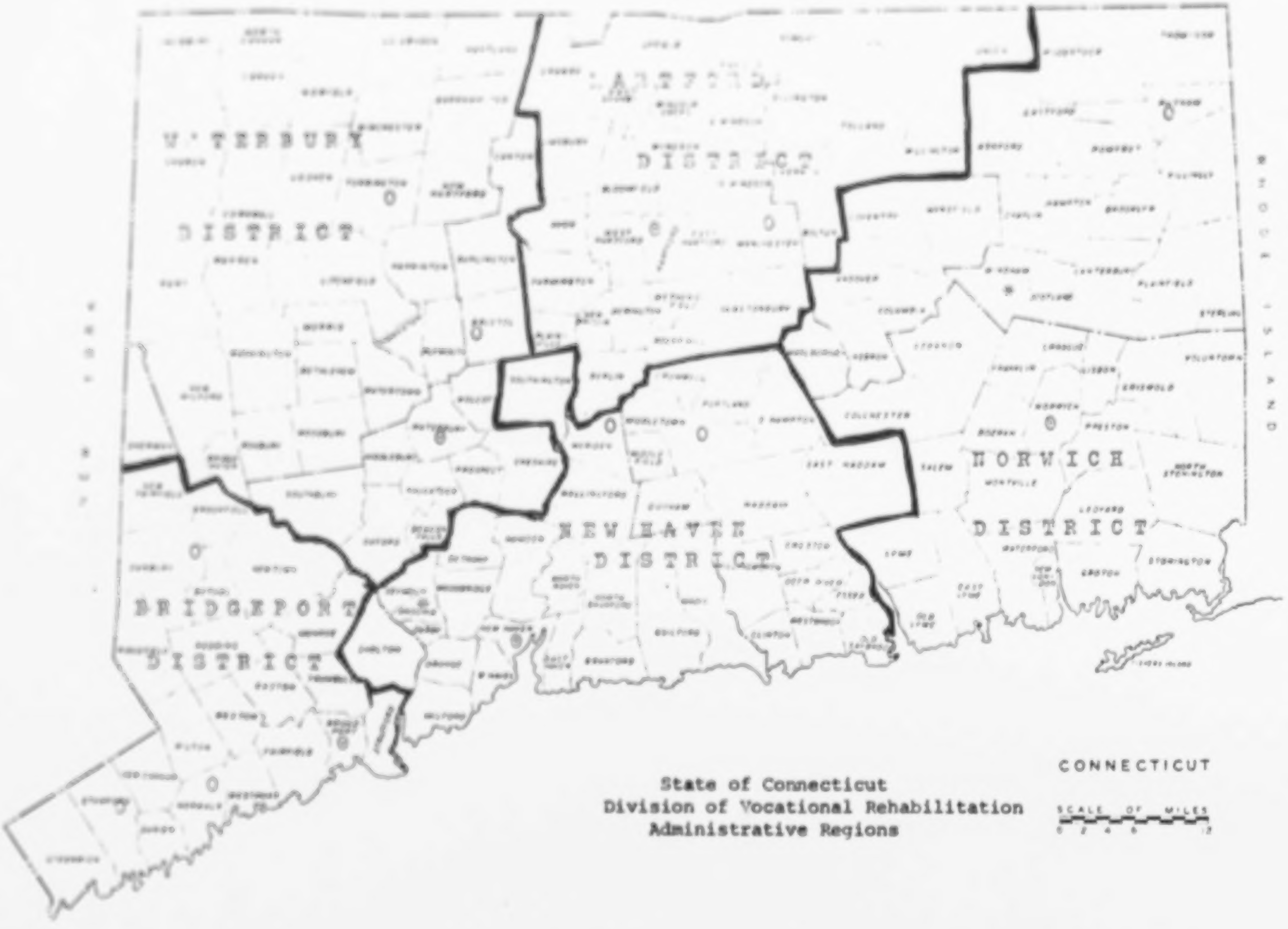
THE STATE OF CONNECTICUT

Connecticut lies at the southern end of the Northeastern States. In terms of land area, it is one of the smaller states of the Union, with only 5,009 square miles. It has a varied topography and a temperate climate. Its well-rounded hills, picturesque valleys, and numerous lakes contribute to its scenic beauty.

There are three distinct geographic divisions of the State: (1) the eastern highland, which has as its principal river the Thames with its chief tributaries, the Yantic, the Schetucket, and the Quinebaug; (2) the central valley, which is drained by the Connecticut River and its chief tributary, the Farmington River; and (3) the western highland, which is drained by the Housatonic and Naugatuck Rivers.

The State is divided into eight counties, Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham. The largest cities are Hartford, New Haven, Bridgeport, and Waterbury. These cities are centers of standard metropolitan areas. Each produces a wide variety of manufactured products, including firearms and ammunition, chemicals, hardware, tools, machinery, electrical equipment, cutlery and silverware, textiles, clothing, airplane and auto parts, and plastics.

As already indicated, for the purposes of this study, the State of Connecticut was divided into five regions based on the division of the State into districts by the Division of Vocational Rehabilitation of the State Department of Education. The regions are Hartford, New Haven, Bridgeport, Waterbury, and Norwich, as shown in Figure 1.


WATERBURY DISTRICT
HARTFORD DISTRICT
NORWICH DISTRICT
NEW HAVEN DISTRICT
BRIDGEPORT DISTRICT
RHODE ISLAND
NEW YORK
CONNECTICUT
SCALE OF MILES
0 2 4 6 12

State of Connecticut
Division of Vocational Rehabilitation
Administrative Regions

Figure I

The entire State and each of its regions will be examined in terms of three types of resources: (1) demographic, (2) economic, and (3) rehabilitative.

Demographic Trends

Any effort to plan intelligently for the growth of rehabilitation facilities for Connecticut must, of necessity, involve some knowledge of the State's demographic trends. If we are going to provide services for all of our handicapped people who will need these services by 1975, we must know approximately how many such persons there will be at that time.

There has been a dynamic growth of population in Connecticut since 1900. In sixty years, the population of the State more than doubled. It rose from 908,420 in 1900 to 2,535,234 in 1960.[1] During the first twenty years of this century, the population of the State increased at an average rate of 23% per decade. During the next two decades, from 1920 to 1940, the rate of increase dwindled to a mere 6%. In the 1940's, the rate again increased, to well over 17%, and during the 1950-1960 decade, it soared to over 26%.[2]

An important element in the growth of the Connecticut population has been the increase in the proportion of the non-white population to the white population. In 1968, Negroes constituted 6.8% (182,400) of the State's population in comparison to 1.9% in 1940, 2.7% in 1950, and 4.2% in 1960. Much of this increase is attributable to the migration from the

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[1] *Connecticut Takes Stock for Action, Connecticut Interregional* Planning Program, Connecticut Development Commission, 1964; pp. 23-24.

[2] Ibid.

Southern states. Another important element in population growth is the increase in the Puerto Rican population of the State. It was estimated that in 1968 there were 55,700 Puerto Ricans in Connecticut.[1] This represented 1.8% of Connecticut's total population. These minority groups have been drawn to the larger cities, particularly Hartford, New Haven, and Bridgeport.

Table 2, p.37 shows that in 1967, the estimated population of Connecticut was 2,913,950 persons. By 1980, this population will have grown by a little more than one-fourth, to 3,714,549 persons. While it is important, for the purposes of this study, to know something about the general population growth, it is equally important to be familiar with the present and future ecological trends in the State. Table 2, p.37 shows the absolute growth of the Connecticut population by region and for the State, for different periods. In the eight-year period between 1967 and 1975, the State will have added a total of 451,764 persons to its population. This growth will be distributed in the regions, as follows: Hartford, 116,656; New Haven, 117,584; Bridgeport, 54,788; Waterbury, 94,792; and Norwich, 67,944. The Bridgeport region is expected to grow more slowly than any of the other four regions.

Table 3, p.38 shows that the population of Connecticut is concentrated primarily in three of these regions. The Hartford region had, in 1967, 750,960 persons, or 26% of the State's population. The New Haven region had 703,700 persons, or 24% of the population. The Bridgeport region had 744,600 persons, or slightly less than 26% of the population. These three regions contained approximately 76% of the State's total population in 1967. The Norwich region had only 332,510 people, which was only 11% of the total. The Waterbury region's population was slightly larger, with 382,180 persons, or 13% of the State's population.

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[1] Connecticut Business Trends, Connecticut Bank and Trust Company, Vol. 7, No. 2.

TABLE 2

ESTIMATED CONNECTICUT POPULATION FOR STATE AND REGIONS*

	YEAR				
REGION	1967	1970	1972	1975	1980
Hartford	750,960	794,706	823,870	867,616	940,533
New Haven	703,700	747,794	777,190	821,284	894,779
Bridgeport	744,600	739,583	763,505	799,388	900,096
Waterbury	382,180	417,727	441,425	476,972	536,221
Norwich	332,510	357,989	374,975	400,454	442,920
State Totals	2,913,950	3,057,799	3,180,965	3,365,714	3,714,549

*This linear projection is based on the assumption that fertility, mortality, and migration patterns will remain the same throughout this thirteen-year period from 1967 to 1980, as indicated in Connecticut Interregional Planning Program NEWS, Volume 2, No. 3, August 1966.

TABLE 3

ESTIMATED GROWTH OF CONNECTICUT POPULATION BY REGION AND PERCENT CHANGE

1967-1980*

REGION	1967		1980		Percent Change Between 1967-1980
	Population	% of Total	Population	% of Total	
Hartford	750,960	26	940,533	25	+25.24
New Haven	703,700	24	894,779	24	+27.1
Bridgeport	744,600	26	900,096	24	+20.88
Waterbury	382,180	13	536,221	15	+40.3
Norwich	332,510	11	442,920	12	+33.2
State Totals	2,913,950	100	3,714,549	100	+27.4

*Source: Connecticut Inter-regional Planning Program NEWS, Volume 2, No. 3, August 1966.

Table 4 p.40 shows that in 1967 more than two out of every five (41%) of the towns and cities in the State had over 10,000 population. Urbanization varied with the regions. The Bridgeport region had the highest degree of urbanization; seven out of every ten of its towns and cities had population of over 10,000.

According to this measure of urbanization, both the Hartford region and the New Haven region were relatively highly urbanized, with 58% and 49%, respectively, of their towns and cities having over 10,000 population. The less urbanized regions were Norwich and Waterbury, with 79% and 78% of their respective towns and cities having less than 10,000 persons each.

Table 3, p.38 also shows that in the thirteen-year period between 1967 and 1980 the population will grow by a little more than one-fourth (27%). This rate of growth, however, will vary with the region. Those regions which, in 1967, had most of the people (Hartford, New Haven, and Bridgeport), totaling 76% of the State population, will, in 1980, have only 73% of the population. The less populated regions (Waterbury and Norwich), which in 1967 had only 24% of the population, will, in 1980, have 27% of the State's people, reflecting the differences in growth patterns between the larger and smaller population regions of the State.

Urbanization

Not only has the State's population been characterized by dynamic growth, but it has also been characterized by a trend toward urbanization. There are 169 towns and cities in Connecticut. In 1960, these towns and cities had a total population of 2,535,234 persons. According to the Weekly Health Bulletin of the Connecticut State Department of Health, the population

TABLE 4

URBANIZATION IN CONNECTICUT*
BY REGION, 1967

REGION	POPULATION					
	Under 10,000		Over 10,000		Total Population	
	Number	Percent	Number	Percent	Number	Percent
Hartford	13	42	18	58	750,960	26
New Haven	18	51	17	49	703,700	24
Bridgeport	6	29	15	71	744,600	26
Waterbury	31	77.5	9	22.5	382,180	13
Norwich	31	79	11	21	332,510	11
State Total	99	59	70	41	2,913,950 2,929,000**	100

*__Weekly Health Bulletin__, Volume 49, No. 13, Connecticut State Department of Health, March 27, 1967

**This figure includes inmates of State or Federal custodial institutions.

of the State on July 1, 1967, stood at 2,913,950 persons, excluding inmates of prison. There were 70 cities and towns with 10,000 and over population, which assounted for 2,492,000, or 86% of the State's total population. As of July 1967, there were 99 towns and communities with less than 10,000 population, accounting for a total of 421,950 persons, or 14% of the total population of the State. These figures indicate clearly that Connecticut is a highly urbanized state.

Although the total population of the State is growing at a rather rapid rate, this rate of growth differs with size of region and town. Table 5 p.42 shows that the State's population increased at a rate of 1.9% from July 1, 1966 to July 1, 1967. The smaller towns increased over twice as fast as the larger ones, with a rate of 3.8%. This pattern of growth, with smaller towns and regions growing more rapidly than the larger ones, may also be seen in Table 3 p.38. This pattern of growth has implications in terms of planning for rehabilitation facilities for the State.

Table 3 p.38 shows that, in the thirteen-year period between 1967 and 1980, the population will grow by a little more than one-fourth, or 27%. While the State is growing at this rate, the Hartford region will be growing by exactly one-fourth, or 25%. The pattern of growth for the New Haven region will parallel that of the State, while the Bridgeport region will grow much more slowly, by a little more than one-fifth (21%). The smaller regions, on the other hand (Waterbury and Norwich) will be growing during the same period, by an average of 37%. This differential in growth rate between the larger and smaller regions must be allowed for in the projection of needs for rehabilitation facilities.

TABLE 5

PERCENT INCREASE IN CONNECTICUT POPULATION BY SIZE OF TOWN

July 1, 1966 to July 1, 1967*

Area	Rate of Growth
State	1.9
Towns under 10,000	3.8
Towns over 10,000	1.6

The above data reveal some of the basic population trends occurring in the State. It is important to relate these trends to the needs for workshops and rehabilitation facilities. It is also important to relate these trends to the various regions of the State. This will give some indication of what the distribution pattern of workshops and rehabilitation facilities should be in the next few years if there is to be adequate service for all handicapped persons by 1970.

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*Estimated from Weekly Health Bulletin, Connecticut State Department of Health, Volume 49, No. 13, March 27, 1967.

Economic Resources

The Connecticut economy may be viewed from an industrial or an activity viewpoint, as shown in Table 6 p.44. More than 87% of the work force in Connecticut is made up of non-agricultural wage and salary workers. In addition, substantial segments of the work force consist of self-employed domestics and agricultural workers. The non-agricultural wage and salary workers may be classified further into activities of manufacturing and non-manufacturing. The non-manufacturing category includes construction, transportation, communications, utilities, trade, finance and real estate, insurance, service, and government. In Connecticut, 17.9% of the employment is reported in trade; 13.2% in services; and 11.1% in government. The largest segment of employment in Connecticut is in manufacturing (43.1%). The latter figure compares to a 29.6% national average[1] for manufacturing employment.

Of the four largest labor markets in the State, (Hartford, Bridgeport, New Haven, and Waterbury), Bridgeport has the highest proportion of its non-agricultural work force engaged in manufacturing activities. These areas, which are more highly diversified, are more likely areas for the rehabilitation of workers because of the presence of many different kinds of job opportunities. The labor market in Connecticut includes a wide range of important industrial, commercial, and service activities. Because of this

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[1] State of Connecticut, Labor Department, Monthly Bulletin, (April 1967), p. 4.

TABLE 6

THE WORK FORCE - CONNECTICUT

Annual Average 1966*

	Employment	Percent
Work Force	1,254,600	100.0
Total Employment	1,215,400	96.9
Non-agricultural Wage and Salary Workers	1,095,400	87.3
Self-employed	83,200	6.6
Domestics	21,600	2.0
Agriculture	15,200	1.0
Unemployed	(39,500)	3.1

*Connecticut Labor Department, Monthly Bulletin (April 1967), p. 4.

variety, it should be easier to place vocationally disabled workers in employment.

The labor market in Connecticut may also be viewed in terms of number and kinds of occupations held by the workers of the State. These data reveal that the largest single group of workers (21%) is classified as Operatives and Kindred Workers. The two separate categories of Foremen and Kindred Workers, and Clerical and Kindred Workers, each include 16% of the occupations reported. The next most important category is Professional, Technical, and Kindred Workers, (12.8%). The relative importance of each of these categories is evidence of the essentially industrial and commercial nature of productive activities in the State of Connecticut.

Within the individual labor markets of the State, the ratio of work force to population is largest in Hartford (52.5%). This reflects the influx of commuters into Hartford, as well as the larger amount of moonlighting because of the greater number of part-time job opportunities available in Hartford. Conversely, the outflow of workers from Danbury to Bridgeport and New York causes the Danbury ratio of work force to population to be relatively low (32.7%). Similarly, the Ansonia labor market ratio of work force to population, (32.3%), is explainable by the exodus of workers from the Ansonia labor market to other labor market areas.[1] The vocationally disabled in Connecticut must seek employment within a wide geographic area in which there is much commuting, both internally and externally. Within the State, also, the ratio of work force to population is responsive to the demands of the labor market, particularly during periods of emergency such as the Korean War in the early 1950's. The geographic characteristics of the labor market would thus seem to favor the employment of the disabled.

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[1] State of Connecticut, Department of Labor, Employment Security Division, Commuting Patterns in Connecticut (June 1966), p. 2.

The Connecticut labor market and the Connecticut economy are dynamic in nature. It is commonly accepted that Connecticut is one of the most advanced industrial states in the United States. The continued emphasis on industrial growth is evidenced by the fact that about one hundred years ago, agriculture in this State employed 26% of the working population, and in the present period, agriculture accounts for approximately 1% of employment[1] within the State.

The continued growth of technology has effects on Connecticut similar to those for other industrial sections of the United States. There will be an increased demand for more professional personnel, technicians, and engineering aides. There will be a continuation of the rise in the number of lawyers, ministers, and architects, and because of the increase in the school age population, more teachers will be required at the elementary school, high school, and college levels. The manager and proprietor group will also change rapidly as a result of the changes in business structure.

There will also be an increase in the number of clerical, sales, service, and skilled workers. The increase in clerical workers in finance, insurance, and real estate fields will occur, despite the inroads made by automatic data processing, because of increased programs and services offered by these groups. The increase will occur in the skilled categories such as secretaries, typists, and receptionists. Employment in service occupations such as domestics, waiters, cooks, barbers, attendants, police and firemen, is expected to increase because of population increases and the increase in the number of service establishments, such as restaurants, hotels and resorts, hospitals, and other institutions and protective services. Employment in the sales category will continue to increase despite the increase in the number of self-service stores.

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[1] Connecticut Labor Department, Employment Security Division, Our Manpower Future (1964).

In the skilled worker category, because of the importance of manufacturing activities in Connecticut, there will be an increased demand for workers in the skilled metal trades, particularly machinists, tool and die makers, and instrument makers. In the construction industry, there is an expected demand for those trades which require high degrees of skill, such as operating engineers, cement and concrete finishers, electricians, plumbers, and carpenters. The demand for these skills will also be increased because of the replacement factor, since many of these skilled workers are in the older age group.

There is almost universal agreement that the largest decrease in demand will be faced by workers who can offer only limited skills, or who are unskilled. These workers are most affected by technological change, which seems to place a premium on responsible, well-educated workers.

It is anticipated that the following industries or activities will increase in size and importance: trade (reflecting the increasing population and expansion into branch locations); service segments (because of the increase in the amount and kinds of services demanded in the fields of medicine and other personal services); government (because of the increasing emphasis on governmental programs); and insurance, finance, and real estate (because of the increasing population and the expanding services offered by these groups).

The dynamic nature of the labor market in Connecticut makes the problem of the placement of the vocationally disabled more difficult. Conversely, since many of the disabled do go through retraining programs, they can be, when possible, retrained or re-oriented to the changing needs of the labor market.

The vocationally disabled in the Connecticut labor market must face a dynamic, expanding market which is characterized by a wide range of industries and occupations. Because of this wide range, there should be ample room within the labor market to absorb the vocationally disabled.

Rehabilitation Facilities in Connecticut

Table 8 p.51 shows that of the sixty-nine facilities responding to our questionnaire, eight (12%) classified themselves as rehabilitation centers with workshops; four (6%) as rehabilitation centers without workshops; and three (4%) as general workshops. Ten of the sixty-nine facilities (15%) classified themselves as workshops oriented to the needs of the mentally retarded, and five (7%) of the facilities classified themselves as schools oriented to rehabilitation.

By far the largest percentage of Connecticut's rehabilitation facilities are hospitals. A total of twenty-seven (or 39%) fell into this category. Sixteen (23%) classified themselves as general hospitals with

TABLE 7

REHABILITATION FACILITIES IN CONNECTICUT BY TYPE AND REGION AND FOR THE STATE, 1969

(FEDERAL CLASSIFICATION)[3]

TYPE OF FACILITY	REGIONS										State	
	Hartford		New Haven		Bridgeport		Waterbury		Norwich			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Autonomous Rehabilitation Center	1	5	5	33	3	20	1	11	2	17	12	17
Rehabilitation Center (Hospital or University Unit)	9	50	6	40	4	26	4	45	4	33	27	39
Evaluation Unit[2]	1	5	0	0	0	0	2	22	2	17	5	8
Workshop[1]	4	23	2	14	4	27	2	22	1	8	13	19
Other	3	17	2	13	4	27	0	0	3	25	12	17
Total	18	100	15	100	15	100	9	100	12	100	69	100

[1] Workshops here means independent workshops which are not part of other facilities. Table 8 shows that four of the workshops included in the data are actually connected with rehabilitation centers, so that the total number of such workshops is seventeen. [2] Evaluation units here refers only to schools. [3] Rehabilitation Facility Needs in the '70's, U.S. Department of Health, Education and Welfare, RSA, Washington, D.C., p. 10.

rehabilitation units. Eleven (16%) said they were special hospitals primarily concerned with rehabilitation. Twelve (17%) of our sample classified themselves as being in the "Other" category. At a later point, a closer examination will be made of this latter category.

Table 7 p.49 shows a classification of the rehabilitation facilities of Connecticut according to the system developed by the Federal Rehabilitation Services Administration.[1] It should be pointed out that this system is less precise than the classification system developed in this study for the Connecticut data. The inaccuracy lies in the overlapping of the types. The different types are not defined in such a manner as to be mutually exclusive. For example, Type 1, "rehabilitation center" is not clearly distinguished from Type 3, "evaluation unit." Type 4, "workshop", is open to ambiguous interpretation. The assumption would seem to be that all workshops are independent units. The fact is, at least in Connecticut, that many workshops are part of rehabilitation centers and are not independent units at all. However, in spite of these limitations, it was considered advisable to put the Connecticut data into the Federal classification system, on the basis that our study is simply one of those made in the Union and it is therefore advisable to have a single system of classification for all the states.

When Table 7 p.49 and Table 8 p.51 are compared, it is revealed that Types 1 and 2 of the Connecticut classification system, "rehabilitation center with workshop" and "rehabilitation center without workshop" are united in the Federal system to become Type 1, "autonomous rehabilitation centers." Types 6 and 7 of the Connecticut data, "general

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[1] Rehabilitation Facility Needs in the 1970's, U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, R.S.A., Washington, D.C.

TABLE 8

REHABILITATION FACILITIES IN CONNECTICUT

TYPE AND REGION
1969

TYPE OF FACILITY	REGION										STATE TOTAL	
	New Haven		Hartford		Bridgeport		Waterbury		Norwich			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Rehabilitation Center with workshop	3	20	1	6	2	13	1	11	1	8	8	12
Rehabilitation Center without workshop	2	13	0	0	1	6	0	0	1	8	4	6
Workshop (general)	0	0	1	6	1	6	1	11	0	0	3	4
Workshop (oriented to needs of mentally retarded)	2	13	3	17	3	21	1	11	1	8	10	15
School (oriented to rehabilitation)	0	0	1	5	0	0	2	22	2	17	5	7
General Hospital (with rehabilitation unit)	4	28	5	27	1	7	4	45	2	17	16	23
Special Hospital (oriented to rehabilitation)[1]	2	13	4	22	3	20	0	0	2	17	11	16
Other	2	13	3	17	4	27	0	0	3	25	12	17
TOTALS	15	100	18	100	15	100	9	100	12	100	69	100

[1] Does not include Gaylord Hospital in Wallingford, Connecticut.

hospitals with rehabilitation units" and special hospitals oriented to rehabilitation are combined into Type 2, "rehabilitation centers," in terms of Federal data.[1] Schools, Type 5 in the Connecticut data, are "evaluation units" - Type 3 - in terms of the Federal classification system. Types 3 and 4, "workshops, general" and "workshops oriented to the needs of the mentally retarded" of the Connecticut data, are simply classified as "Type 4, workshops" in the Federal system.

Table 7 p.49 shows that approximately one of every six facilities engaged in rehabilitation according to the Connecticut data, or 17% of the total number, is an autonomous rehabilitation center. Two of every five facilities included in this data (39%) are hospital or university units. Approximately one in every twelve (8%) is a school, and a little less than one out of five facilities in Connecticut engaged in rehabilitation, or 19%, is an independent workshop.

Sponsorship of Programs

Table 9 p,53 demonstrates that of the 69 facilities responding to our questionnaire 22, or 31%, had publicly sponsored programs by community-private groups. One out of every four facilities studied (25%) has a program sponsored by a State agency. Only 3% of the programs are sponsored by city agencies. Only one percent had church-sponsored programs. Three percent had other types of sponsorship, and three percent did not respond to the question. Therefore, it can be seen that the largest group of facilities studied defined their programs as having

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[1] It should be pointed out that there is some inconsistency here. It is recognized that "special hospitals" are primarily concerned with rehabilitation, while "rehabilitation centers" (Type 2 of the Federal data) are not.

TABLE 9

REHABILITATION FACILITIES IN CONNECTICUT
SPONSORSHIP BY REGION

1969

SPONSORSHIP OF PROGRAM	REGION										TOTAL	
	Hartford		New Haven		Bridgeport		Waterbury		Norwich			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
PUBLIC												
State Agency	3	16	7	46	1	6	1	11	6	50	18	25
Federal Agency	1	6	1	7	0	0	0	0	0	0	2	3
City Agency	1	6	0	0	1	7	0	0	0	0	2	3
NON-PUBLIC												
Community-private	12	66	6	40	12	80	8	89	5	42	43	64
Church Affiliated	1	6	1	7	1	7	0	0	0	0	3	4
Other	0	0	0	0	0	0	0	0	1	8	1	1
TOTALS	18	100	15	100	15	100	9	100	12	100	69	100

State sponsorship.

Table 10 p.55 shows that more than two out of three (67%) of the sponsors of rehabilitation programs in Connecticut are also owners of the property in which the facility is located. More than one of every six of the sponsors (16%) rent or lease the property, and one of twelve (8%) of the sponsors have rent-free locations. Five percent of the facilities did not respond to the question.

Program Emphasis

Table 11 p.56 shows the different types of program emphasis which characterize the rehabilitation facilities in Connecticut. Medical rehabilitation has first rank in the State, with 65% of the facilities reporting this type of emphasis. Social rehabilitation ranks second, with 61% of the facilities reported as having this emphasis. Vocational emphasis ranks third with 58% of the facilities reporting this type. Psychological emphasis is in fourth place with 41% of the facilities reporting this emphasis.

Types of Services Offered by Rehabilitation Facilities

Any effort to determine the unmet needs of handicapped persons in Connecticut at this time, as well as any effort to plan for an increased number of facilities so that all the people in the State who are eligible for services may be receiving them by 1975, requires a knowledge of the present number of facilities and a knowledge of the services being offered in those facilities.

Figure 2 p.58 shows that social services are offered by four out of five rehabilitation facilities in the State, making these services

TABLE 10

REHABILITATION FACILITIES IN CONNECTICUT

SPONSOR'S INTEREST IN PROPERTY

BY REGIONS - 1969

SPONSOR'S INTEREST IN PROPERTY	REGION										TOTAL	
	Hartford		New Haven		Bridgeport		Waterbury		Norwich			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Owns	12	80	12	67	9	60	4	45	9	75	46	67
Rents or Leases	2	13	1	5	4	27	2	22	2	17	11	16
Property is Rent Free	1	7	3	17	1	7	2	22	1	8	8	12
No Response	0	0	2	11	1	6	1	11	0	0	4	5
TOTALS	15	100	18	100	15	100	9	100	12	100	69	100

TABLE 11

REHABILITATION FACILITIES IN CONNECTICUT

PROGRAM EMPHASIS AND REGION, 1969[1]

PROGRAM EMPHASIS	REGION										STATE TOTAL	
	New Haven		Hartford		Bridgeport		Waterbury		Norwich			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Medical rehabilitation	10	66	14	93	6	40	7	77	8	66	45	65
Psychological rehabilitation	7	43	5	33	5	33	5	56	6	50	28	41
Social rehabilitation	11	73	8	42	8	53	6	66	9	75	42	61
Vocational rehabilitation	11	73	9	60	6	40	5	56	9	75	40	58

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[1] The numbers which appear in the table above do not reflect the total number of facilities in the region shown, since many facilities offer more than one type of program. See previous table for number of facilities in each region.

the most prevalent of all types of service available.

Psychological services, and physical and medical evaluation are also being offered extensively. More than seven of every ten facilities studied in this research is offering these services. This figure also indicates that most of the facilities (almost seven out of ten) provide follow-up services to discharged clients, as well as medical consultation and physical therapy. On the other hand, Figure 2 p.58 shows that there is much less emphasis on diagnostic treatment, vocational evaluation, and adjustment training. These types of services require strengthening.

While diagnostic treatment is offered by a little more than three out of five of our rehabilitation facilities, vocational evaluation and adjustment training are offered by even fewer than this number. When we consider how important these services are in the whole rehabilitation process, the adequacy of services being offered in the areas of vocational evaluation and adjustment training is open to question.

Occupational therapy, speech and hearing services, and job placement are services offered by more than one half of the rehabilitation facilities in the State of Connecticut. In order to have some point of reference for purposes of measurement in determining present and future needs in these areas, it is necessary to establish a base. It is hoped that Table 12 p. 59 will serve as such a base. We may attempt to relate VRA Codes 200-229 (Deafness and Other Hearing Impairments) and 680-689 (Speech Impairment) to the length of the bar in Figure 2 which shows the offerings of services in the areas of speech and hearing

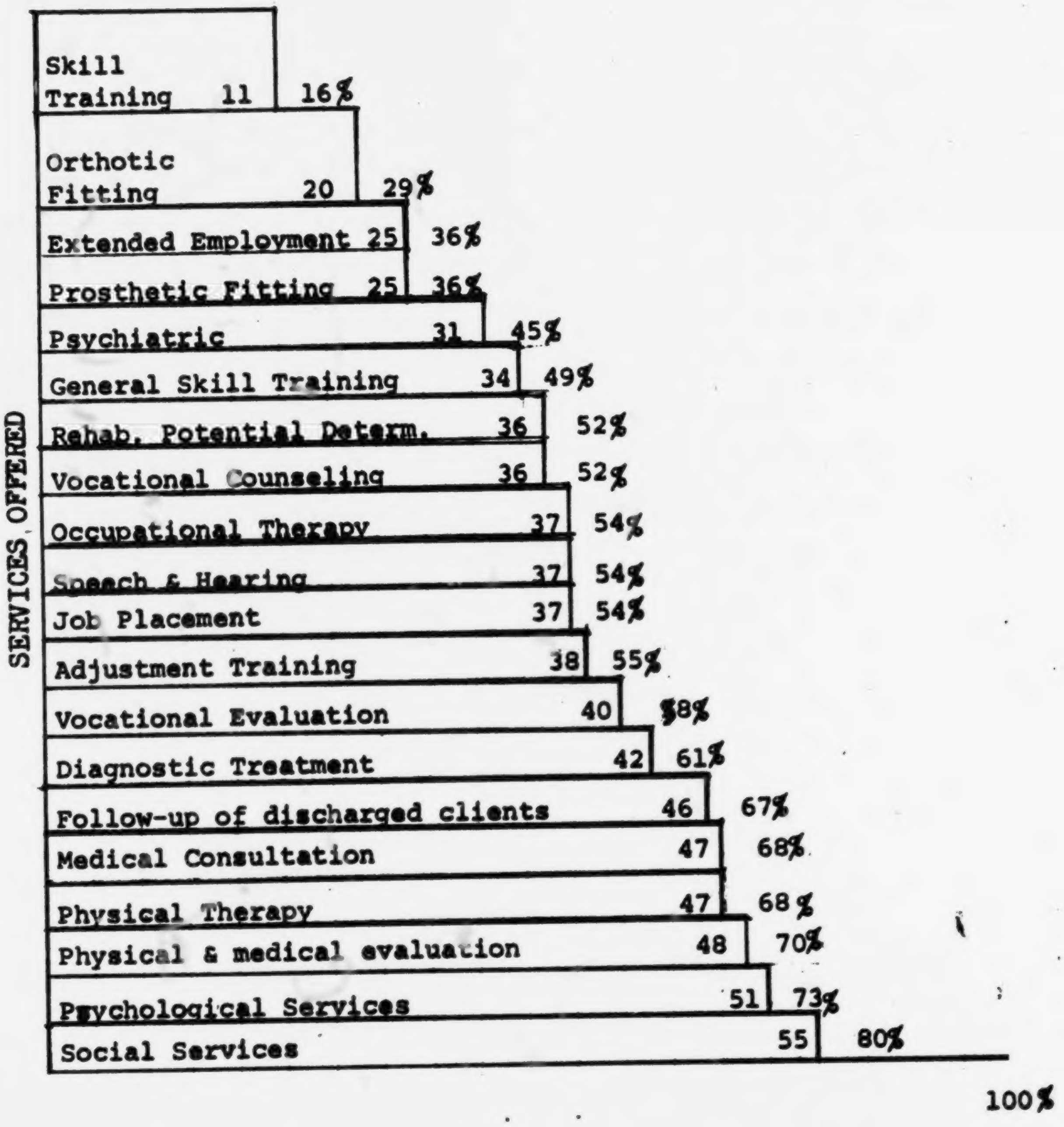

FIGURE 2

NUMBER AND PERCENT OF REHABILITATION FACILITIES
IN CONNECTICUT
OFFERING VARIOUS SERVICES

TABLE 12

ESTIMATED NUMBER OF PERSONS IN CONNECTICUT WHOSE MAJOR ACTIVITY IS PREVENTED 1968, 1970, 1972, 1975

VRA Codes	DISABILITY	1968 Estimate: Population of 3,000,000	1970 Projection: Population of 3,200,000	1972 Projection: Population of 3,400,000	1975 Projection: Population of 3,700,000
100-119	Blindness	300	300	300	400
120-149	Other Visual Impairments	9,200	9,800	10,400	11,400
200-229	Deafness and other Hearing Impairments	3,200	3,400	3,600	4,000
300-399	Orthopedic Deformity or Functional Impairment	29,400	31,400	33,300	36,300
400-449	Absence or Amputation of Major or Minor Members	700	700	800	900
500 510 520-521 522	Psychotic Disorders Psychoneurotic Disorders Alcoholism, Drug Addiction, Other Character, Personality and Behavior Disorders	7,400	7,900	8,400	9,100
530-534	Mild, Moderate, and Severe Mental Retardation	7,400	7,900	8,400	9,100
600-609	Cancer	100	100	100	100
610-619	Allergic, Endocrine System, Metabolic and Nutritional Diseases	6,100	6,500	6,900	7,500
620-629	Diseases of the Blood and Blood Forming Organs		NO	ESTIMATE	
630	Epilepsy	700	700	800	900
639	Other Disorders of the Nervous System		NO	ESTIMATE	

These data represent persons eligible for vocational rehabilitation services as defined in Chapter 11 of this study. For the method used in deriving these estimates, see Volume I of the Statewide Plan for Vocational Rehabilitation Services.

TABLE 12 (CONT.)

VRA Codes	DISABILITY	1968 Estimate: Population of 3,000,000	1970 Projection: Population of 3,200,000	1972 Projection: Population of 3,400,000	1975 Projection: Population of 3,700,000
640-644	Cardiac Conditions	17,500	18,700	19,800	21,600
645-649	Other Circulatory Conditions	10,000	10,700	11,300	12,300
650-659	Respiratory Diseases	4,900	5,200	5,500	6,000
660-669	Disorders of the Digestive System	8,300	8,900	9,400	10,200
670	Conditions of the Genito-Urinary System	4,100	4,400	4,700	5,100
680-689	Speech Impairments	1,000	1,100	1,100	1,200
690-699	Others not Elsewhere Classified		NO	ESTIMATE	
	TOTALS	110,300	117,700	124,800	136,100
	SOCIALLY, CULTURALLY, AND ECONOMICALLY DISADVANTAGED	37,000	39,500	41,900	45,600

[1] The number of each specific disability was estimated on the basis of the number of disabled with major activity prevented per 100,000 of general population, as of 1967. All estimates are rounded to the nearest hundred.

[2] Population projections were obtained from Edward G. Stockwell and Dorothy G. Ingalls, The Population of Connecticut, (Bulletin 375; Agricultural Experiment Station, 1963), p. 16. Estimates, rounded to the nearest 100,000, are in agreement with the trend in population reported by the Connecticut Health Department, Public Health Statistics.

by our facilities. When we observe that only 54% of our facilities offer these services, and that by 1975 it is expected that we may have 4,000 people in our population with hearing difficulties and perhaps 1,200 or more suffering from speech impairments, the question arises as to whether these services should not be offered by a larger percentage of rehabilitation facilities. Orthotic fitting and prosthetic fitting are offered by fewer than four out of ten of the facilities surveyed. When we look at Table 12 p.59 (VRA Code 300-399), however, we see that in 1970 we are expected to have 31,400 people suffering from orthopedic deformity or functional impairment, and in 1975 the number is expected to be 36,300, so we can conclude that these services are already in short supply and may be expected to become increasingly tight as the years go by, unless we can increase the available services in orthotic fitting and prosthetic fitting.

The same situation exists in the areas of vocational counseling and the determination of rehabilitation potential of clients. These services are essential to a good rehabilitation program, but only a little more than half of our facilities are now offering them. Therefore, it becomes quite clear that this is, perhaps, one of the most serious deficiencies in Connecticut. When we see that, in 1975, Connecticut is expected to have more than 180,000 persons whose major activity will be prevented because of a number of different disabilities, including those who are socially disadvantaged, we begin to get a picture of how great the need for these services will be.

Another relatively important phase of vocational adjustment is the provision of general or specific skill training for clients. Our data shows that in Connecticut fewer than one out of every two facilities provides any general skill training, and only one in six provides specific skill training for clients. This is another area in which the rehabilitation facilities in the State should increase the offering of services.

Considerably less than half of the facilities in the State offer psychiatric services to their clients. There is nationwide recognition of an increasing need of psychiatric services; therefore, we may assume that Connecticut is not exceptional in this area of need. Such a general statement finds support in Table 12 p.59 (VRA Code 500-522). This table offers evidence that in 1967 we had more than 7,000 persons in need of some type of psychiatric care, and that by 1975 the prediction is that the State will have more than 9,000 persons in need of these services which must be greatly increased if the needs are to be met.

We have suggested that vocational evaluation, adjustment training, job placement, speech and hearing services, occupational therapy, vocational counseling, determination of rehabilitation potential, general and skill training, and psychiatric services be greatly increased in the rehabilitation program in Connecticut. This implies improvement in both staff and equipment, which means that many of the existing facilities in the State will require increased staff, equipment, and technical assistance. In addition to the improvement of facilities presently in operation, it will be necessary to establish a number of new facilities. All this is necessary if Connecticut is even to approach the position of providing, by 1975, the services required by its eligible handicapped persons.

Disabilities Served by Rehabilitation Facilities in Connecticut

The sixty-nine rehabilitation facilities surveyed in this study are presently serving more than twenty-five types of disability. (Figure 3 p.65). Orthopedic disability is now being served by more than half (51%) of all the facilities in the State, a larger percentage than any other single disability. When we look at Table 12 p.59 (VRA Code 300-399), we see that the largest number of persons needing services now and in the next few years is in this category.

Relatively significant, also, is the category of mental retardation (VRA Code 530-534). Table 12 indicates that we now have more than 7,000 cases which belong in this group and that we may expect more than 9,000 cases by 1975. Figure 2 shows a significant difference in our present ability to serve the mildly retarded and the severely retarded. Slightly less than one-half of Connecticut's present rehabilitation facilities serve the disability defined as "mild mental retardation," while somewhat less than one-third serve those persons with severe mental retardation.

VRA Code 500-522 in Table 12 categorizes psychotic and psychoneurotic disorders, alcoholism, drug addiction, and personality and behavioral disorders. This is an important category, for it is generally agreed that these disabilities are on the increase throughout the nation. Table 12 suggests that we may expect approximately 9,000 persons to be in this group in Connecticut by 1975. Figure 3 reveals that only one facility in ten of those studied in this survey offer services for drug dependents. Only one in six serves the victims of alcoholism.

Slightly more than two out of five facilities are serving clients with behavioral disabilities, and fewer than two out of five are serving those with disabilities defined as psychotic and psychoneurotic.

Slightly more than one of three facilities offer services for persons with cardiac and other circulatory conditions, and, significantly, fewer than one in four rehabilitation facilities in Connecticut are able to provide services in the cases of disability defined as cancer.

Connecticut is in need of increased services to persons with the following disabilities: psychotic, psychoneurotic, and other behavioral disorders, drug addiction and alcoholism, severe mental retardation, cancer, and cardiac and other circulatory conditions.

Client Capacity of Rehabilitation Facilities

Up to this point in our study of the rehabilitative resources of the State of Connecticut, we have been concerned with the number and kinds of facilities, their sponsorship and program emphasis, the services they offer, and the disabilities they serve. Although all of these considerations are important if we are to have a well-rounded picture of the rehabilitation program in the State, they do not tell us specifically what we must know if we are to forecast, with any degree of validity, our needs in terms of the improvement of already existing facilities and the establishment of immediately needed, new facilities.

Facilities offer services in terms of physical space available, the number of trained staff and professional workers, and the amount of financial support. These determine the number of clients who can be served

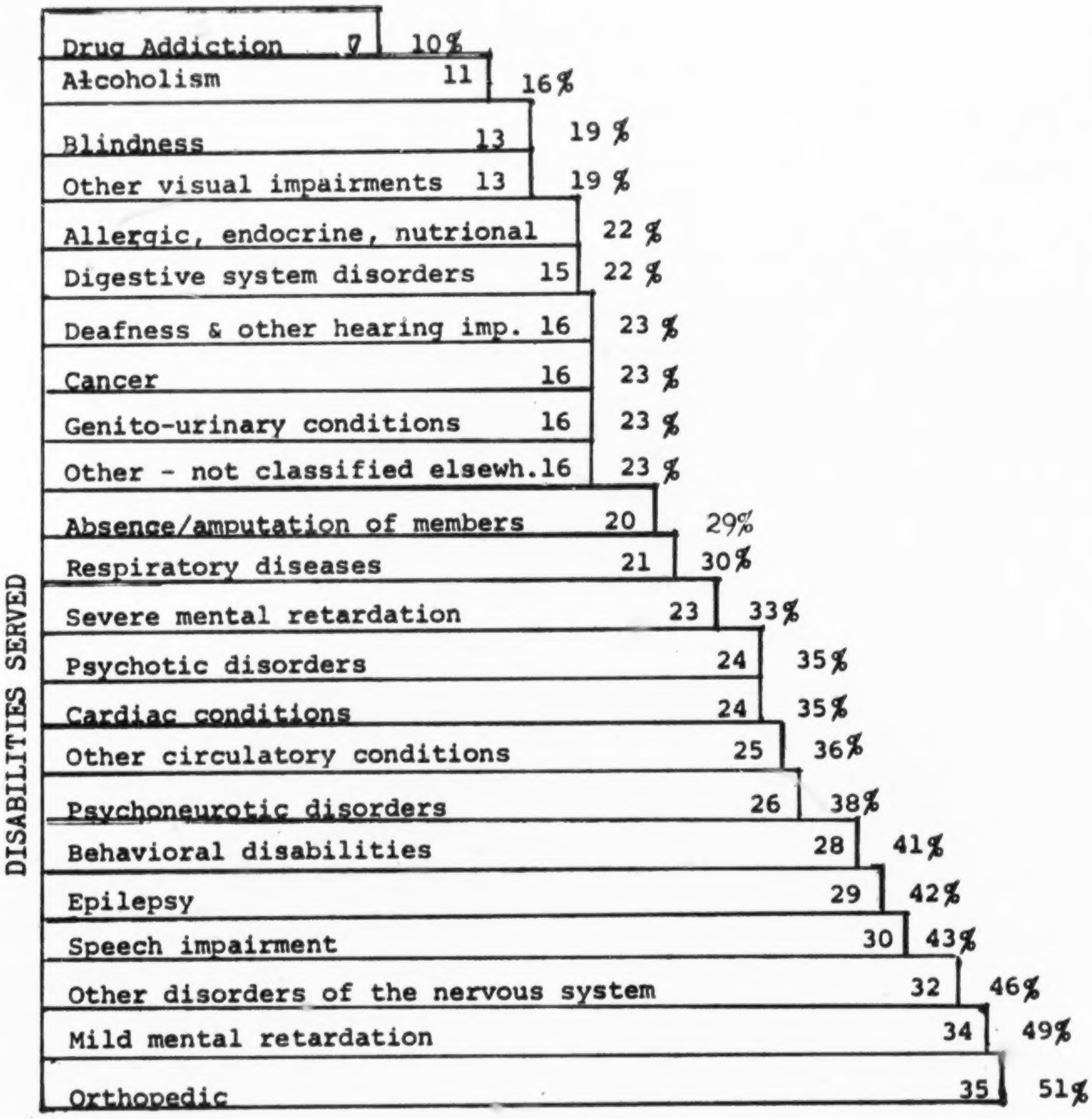

FIGURE 3

NUMBER AND PERCENT OF FACILITIES

DISABILITIES SERVED BY REHABILITATION FACILITIES
IN CONNECTICUT, 1969

in a given period of time. For this reason, then, client capacity is perhaps the most important and necessary index in our study.

Table 13 p.71 shows the approximate numbers of inpatients and outpatients served in the Connecticut facilities during the last fiscal year; also the average numbers served daily in both categories, the total average served daily, and the daily capacity of the 69 facilities included in the study, by type.

These Connecticut facilities served more than 31,000 inpatients during the last fiscal year, and almost 28,000 outpatients. The average number of inpatients served daily was approximately 13,000, and the number of outpatients, 5,600. The total average served daily was about 18,700 with an average daily capacity, in terms of space and personnel, of approximately 20,000. The difference between the total average served daily and the daily capacity indicates that the facilities are not being completely utilized, despite the fact that there is an apparent need for more facilities and more services. Table 14 p.72 shows that these facilities were utilized to 94% of their capacity during the last fiscal year.

In Connecticut, a large amount of rehabilitation work is done by hospitals. Table 15 p.73 shows that we classified hospitals in two types. Type 6 in this classification system was defined as a general hospital with a rehabilitation unit. Table 15 shows sixteen of this type reported in this study. Type 7 was defined as a hospital oriented primarily toward rehabilitation, and eleven such hospitals reported in this research. These twenty-seven hospitals added up to 39% of the rehabilitation facilities studied in this survey. They served over 26,000 inpatients and more than 17,000 outpatients during the last fiscal

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year. Table 13 shows that they served an average of more than 11,000 clients per day, and that their combined daily capacity was 11,500 persons. However, it must be noted that the general hospitals, with rehabilitation units, provide primarily medical and physical rehabilitative services and to a limited extent, the more specific rehabilitative services, such as job evaluation and vocational counseling. Table 14 shows that the rehabilitation units of general hospitals are utilized at about 90% of their capacity, while special hospitals oriented toward rehabilitation are utilized at approximately 99% of capacity.

The group of facilities offering the widest range of services in the field of rehabilitation is rehabilitation centers. In terms of our classification system, there are twelve such centers in our study. A rehabilitation center provides a wide range of services and is under one management. In Connecticut, such a center may or may not have a workshop as part of its structure. Of the twelve centers reported in this study, eight have workshops. Table 13 shows that these centers served about 800 inpatients, and more than 8,000 outpatients during the last fiscal year. They served an average of approximately 2,300 clients per day, having a daily capacity of 2,700, which means that utilization was approximately 84% of capacity. Therefore, a question may be raised as to the reasons for such a low degree of utilization. It is also interesting to note that the centers with workshops are utilized to less than capacity, while centers without workshops reported full utilization.

Another important group of facilities is defined in this study as "schools." There are five such schools oriented to rehabilitation, in this study: The American School for the Deaf, West Hartford; Mansfield Training School, Mansfield Depot; Putnam Regional Center, Putnam; Southbury Training School, Southbury; and the Treatment Center of United Cerebral Palsy of the Greater Waterbury Area. This group of facilities served 3,700 inpatients and 1,000 outpatients during the last fiscal year. They served, on the average, about 3,800 clients daily, with a total capacity of 4,000. Table 14 shows that utilization was 95% of capacity.[1]

The group of facilities which made the next largest contribution to the work of rehabilitation is defined in this study by the designation "Other." It includes certain hospitals and some other types of programs. It is important to look closely at this group because of the nature of the classification. It includes the following facilities: Greater Hartford Home Care Program, Niles House, Johnson Memorial Hospital, Chester Work Activity Program, Long Lane School, Bridgeport Area Mental Health Association, Park City Hospital, United Cerebral Palsy Association of Fairfield County, Preston Work Activity Program, Connecticut State Farm and Prison for Women, and the Seaside Work Activity Program. This group of facilities served 200 inpatients and 700 outpatients during the last fiscal year. An average of 900 clients was served daily. As the total capacity of these facilities for rehabilitation services was 1,100 persons daily, utilization totaled 81%. It should be noted that all patients or persons accomodated by these institutions did not require or receive rehabilitative services. The above figures apply only to such services.

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[1] These data do not include the Oak Hill School for the Blind and the Mystic Oral School for the Deaf.

The group of facilities in Connecticut making the smallest numeric contribution to rehabilitation in terms of clients served is that which includes thirteen facilities defined as "general workshops" and "workshops oriented to the needs of the mentally retarded." There are three workshops in the first category and ten in the second. General workshops used in this study were The Constructive Workshop in New Britain, LARK Industries in Torrington, and Danbury Association to Advance the Handicapped and Retarded, which has its workshop in the city of Danbury. The workshops oriented to the needs of the mentally retarded are FAVAR Services in Avon, Manchester Sheltered Workshop in Manchester, the Hartford Regional Center in Newington, Regional Training Center and Sheltered Workshop in Meriden, New Haven Regional Center in New Haven, Kennedy Center in Bridgeport, Society to Advance the Retarded (S.T.A.R) Vocational and Sheltered Workshop in Norwalk, Stamford Training Workshop in Stamford, The Waterbury Association for Retarded Children Vocational Training Center and Sheltered Workshop, and Putnam Regional Center in Putnam.[1]

These facilities served no inpatients during the last fiscal year, but 800 outpatients were served. With a capacity of 700 clients per day, an average of 500 was served daily. The three general workshops were utilized at only 50% of capacity, and the workshops oriented to the needs of the mentally retarded reported approximately 80% utilization.

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[1] It is important to note here that the 13 workshops listed do not include all the workshops in Connecticut. As indicated elsewhere, there are 8 workshops connected with rehabilitation centers, making a total of 21.

To summarize, we may say that Connecticut has, in the rehabilitation facilities surveyed, a client capacity of almost 20,000 individuals per day. During the last fiscal year, fewer than 19,000 were served daily. In Connecticut, total utilization of all facilities was approximately 94%. Hospitals, in terms of numbers, are doing the largest amount of rehabilitation work. Sixteen of the 27 hospitals studied have rehabilitation units as part of their medical complexes and provide primarily medical and physical rehabilitation services. However, 11 of these hospitals are primarily concerned with the complete rehabilitation process. Rehabilitation centers rank in second place in number of clients served, schools are third, "Other" fourth, and workshops in fifth and last place.

Rehabilitation centers without workshops have the highest degree of utilization. Rehabilitation hospitals are in second place, schools in third, hospitals with rehabilitation units fourth, centers with workshops fifth, the category designated as "Other" in sixth place, workshops oriented to the needs of the mentally retarded seventh, and general workshops eighth and last, with only 50% utilization.

The data in Table 14 suggests that, in Connecticut, workshops account in large part for the lack of complete utilization of rehabilitation facilities. Facility Types 1 and 2 are instructive in this regard: rehabilitation centers with workshops are utilized only 84% of capacity, while centers without workshops have reported 100% capacity utilization.

TABLE 13

CLIENTS SERVED AND CAPACITY OF WORKSHOPS AND REHABILITATION FACILITIES IN CONNECTICUT[1] BY FACILITY

March, 1969

TYPE OF FACILITY	Inpatients served last fiscal year	Outpatients served last fiscal year	Average number of inpatients served daily	Average number of outpatients served daily	Total average served daily	Daily capacity of Facility
I	800	5,200	400	1,700	2,100	2,500
II	0	3,000	0	200	200	200
III	0	200	0	100	100	200
IV	0	600	0	400	400	500
V	3,700	1,000	3,600	200	3,800	4,000
VI	11,700	9,200	1,500	200	1,700	1,900
VII	15,000	8,000	7,200	2,300	9,500	9,600
VIII	200	700	400	500	900	1,100
State Totals	31,300	27,800	13,100	5,600	18,700	19,900

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[1] General hospitals with no rehabilitation units are not included. The data do not reflect 100% of the clients served in Connecticut since not all facilities were able to give complete data.

TABLE 14

UTILIZATION OF FACILITIES IN CONNECTICUT
BY TYPE
1969

TYPE OF FACILITY	Percent of Utilization
I Centers with workshops	84
II Centers without workshops	100
III Workshops (general)	50
IV Workshops (for the mentally retarded)	80
V Schools	95
VI Hospitals (with rehabilitation units)	90
VII Hospitals oriented toward rehabilitation	99
VIII Other	81
STATE	94

TABLE 15

NUMBER OF REHABILITATION FACILITIES IN CONNECTICUT
BY TYPE AND REGION, 1969

TYPE OF FACILITY	REGION					STATE
	Hartford	New Haven	Bridgeport	Waterbury	Norwich	
HOSPITALS						
with rehabilitation units	5	4	1	4	2	16
oriented toward rehabilitation	4	2	3	0	2	11
Total	9	6	4	4	4	27
REHABILITATION CENTERS						
with workshops	1	3	2	1	1	8
without workshops	0	2	1	0	1	4
Total	1	5	3	1	2	12
WORKSHOPS						
general	1	0	1	1	0	3
oriented to the needs of the mentally retarded	3	2	3	1	1	10
Total	4	2	4	2	1	13
SCHOOLS	1	0	0	2	2	5
OTHER	3	2	4	0	3	12
TOTALS	18	15	15	9	12	69

TABLE 16

NUMBER, AVERAGE CAPACITY, AND PERCENT OF TOTAL OF SMALL REHABILITATION FACILITIES IN CONNECTICUT, 1969

	REGION					STATE
	Hartford	New Haven	Bridgeport	Waterbury	Norwich	
NUMBER	7	4	4	4	5	24
AVERAGE CAPACITY	34	42	46	33	34	37
PERCENT OF TOTAL	39	27	27	44	42	35

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[1] A small facility is defined as one having a daily capacity of 65 clients or less. Data shown here refer to facilities studied only.

CHAPTER IV

THE REGIONS OF CONNECTICUT

For the purposes of this study, the State of Connecticut will be divided into five regions. These are Hartford, New Haven, Bridgeport, Waterbury, and Norwich. As was the case with the State, these regions will be examined in terms of demographic, economic, and rehabilitative resources. The analysis of the rehabilitative resources will involve the use of the revised State Workshops and Rehabilitation Facilities Plan Inventory Form I, RSA-31. In addition there will be a narrative description of each of the facilities in the region which was included in the study.

The Hartford Region

The Hartford Region occupies the upper half of the geographical region known as the Central Lowlands, and the northwestern part of that known as the Eastern Uplands. (See Figure 4 p.78) The Central Lowlands, bisected by the Connecticut River, separate the rugged Western Uplands from the rolling Eastern Uplands. This area contains the heaviest concentration of fertile soils in the State and is the home of the Connecticut tobacco crop, although much of the good farm land is now being developed for housing and industrial use. The rolling Eastern Uplands have densely wooded areas, interspersed with many small lakes and ponds. The northeastern corner of the Hartford Region is therefore rural in nature and is geographically more like the Norwich Region.

The area surrounding Hartford is also being developed for

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suburban and industrial use. This development is a result of the acute shortage of private housing units within commuting distance of Hartford.

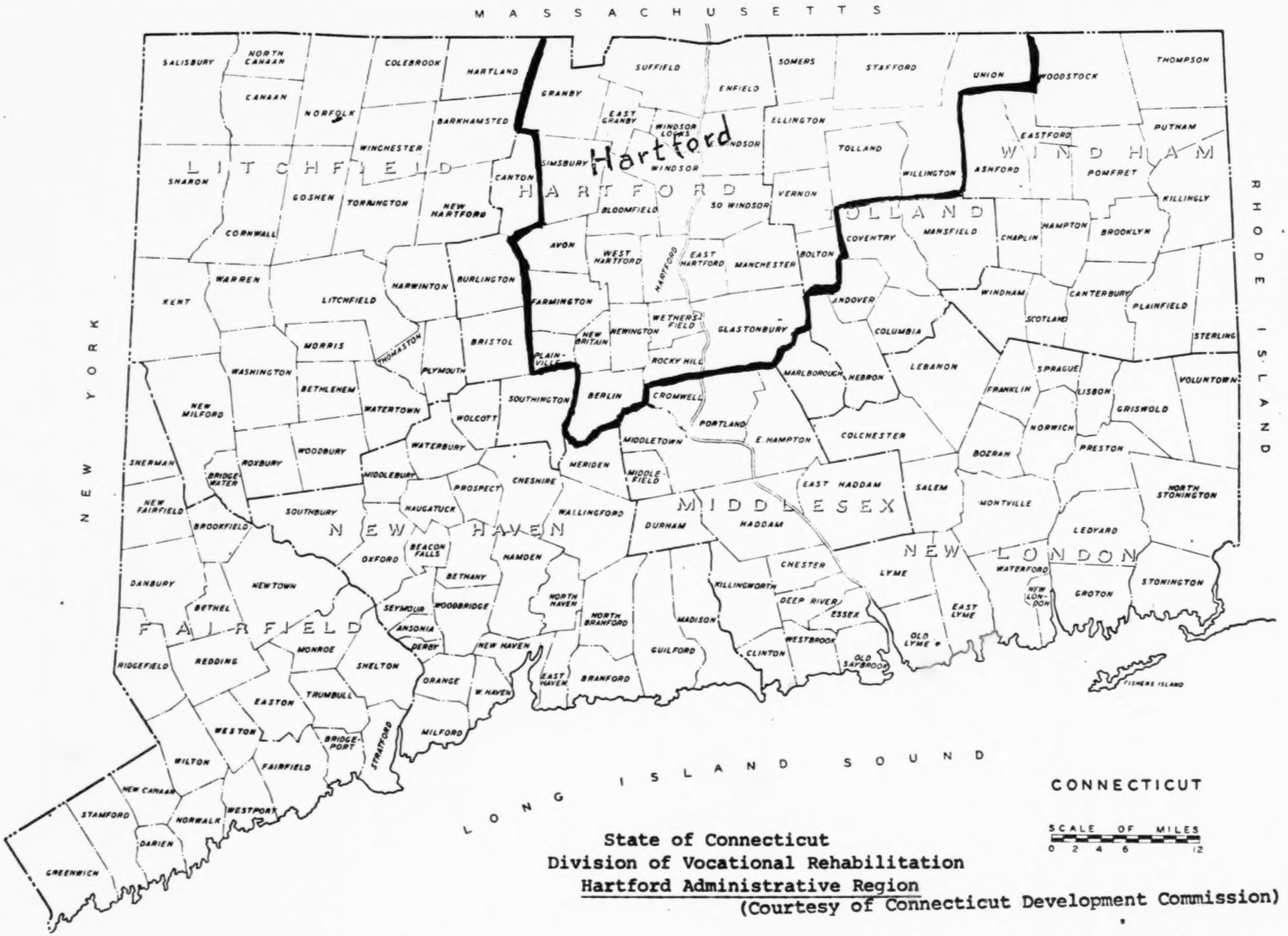
Demographic Resources

In 1967, the population of the Hartford Region was 750,960. The population of this region will grow by approximately 25% between 1967 and 1980, and is expected to have, by 1975, an additional 116,656 persons. In 1967, it had 26% of the State's total population, but by 1980 is expected to have only 25%, because of the faster growth of other areas of the State. This region is highly urbanized, with almost three of every five towns and cities having over 10,000 people. Table 17 which follows shows the population by towns. In the period from 1960 to 1966, there was relatively little change in the density of the population of the City of Hartford, while surrounding towns, particularly West Hartford, Wethersfield, and New Britain, experienced sharp increases in population density.

Both the City of Hartford and New Britain have attracted large minority group populations. In 1968, almost 28% of the Hartford population was Negro and almost 9% of the total were Puerto Ricans. In New Britain, 4.4% were Negro and 4.1% were Puerto Ricans.

Economic Resources

The traffic pattern in the Hartford Region may be compared to a wheel, with Hartford as the hub. Although the major traffic flow is concentrated on interstate highways I-84 and I-91; U.S. 44, 6, and 202, and Connecticut highways 2, 4, 9, 10, and 17 are also heavily traveled and essential to the transportation flow of the region.


MASSACHUSETTS
NEW YORK
RHODE ISLAND
LONG ISLAND SOUND
CONNECTICUT
SCALE OF MILES
0 2 4 6 12
Hartford
LITCHFIELD
HARTFORD
TOLLAND
WINDHAM
NEW HAVEN
MIDDLESEX
NEW LONDON
FAIRFIELD
SALISBURY
NORTH CANAAN
CANAAN
COLEBROOK
NORFOLK
HARTLAND
BARKHAMSTED
WINCHESTER
SHARON
CORNWALL
GOSHEN
TORRINGTON
NEW HARTFORD
CANTON
GRANBY
EAST GRANBY
SUFFIELD
WINDSOR LOCKS
ENFIELD
WINDSOR
SIMSBURY
BLOOMFIELD
SO WINDSOR
SOMERS
ELLINGTON
STAFFORD
TOLLAND
UNION
WOODSTOCK
THOMPSON
PUTNAM
EASTFORD
ASHFORD
WILLINGTON
POMFRET
KILLINGLY
VERNON
KENT
WARREN
LITCHFIELD
HARWINTON
BURLINGTON
AVON
WEST HARTFORD
HARTFORD
EAST HARTFORD
MANCHESTER
BOLTON
COVENTRY
MANSFIELD
CHAPLIN
HAMPTON
BROOKLYN
FARMINGTON
NEW BRITAIN
NEWINGTON
WETHERSFIELD
GLASTONBURY
ANDOVER
COLUMBIA
WINDHAM
SCOTLAND
CANTERBURY
PLAINFIELD
STERLING
WASHINGTON
MORRIS
THOMASTON
PLYMOUTH
BRISTOL
PLAINVILLE
ROCKY HILL
MARLBOROUGH
HEBRON
LEBANON
FRANKLIN
SPRAGUE
LISBON
GRISWOLD
VOLUNTOWN
NEW MILFORD
BETHLEHEM
WATERTOWN
SOUTHINGTON
BERLIN
CROMWELL
PORTLAND
E. HAMPTON
COLCHESTER
NORWICH
PRESTON
WOLCOTT
WATERBURY
MIDDLETOWN
BOZRAH
SHERMAN
ROXBURY
WOODBURY
MIDDLEBURY
MERIDEN
PROSPECT
CHESHIRE
MIDDLEFIELD
EAST HADDAM
SALEM
MONTVILLE
NORTH STONINGTON
BRIDGEWATER
NEW FAIRFIELD
BROOKFIELD
SOUTHBURY
NAUGATUCK
WALLINGFORD
DURHAM
HADDAM
LEDYARD
BEACON FALLS
OXFORD
HAMDEN
BETHANY
CHESTER
LYME
WATERFORD
DANBURY
NEWTOWN
NORTH HAVEN
STONINGTON
GROTON
NEW LONDON
BETHEL
SEYMOUR
WOODBRIDGE
NORTH BRANFORD
MADISON
KILLINGWORTH
DEEP RIVER
ESSEX
EAST LYME
ANSONIA
DERBY
NEW HAVEN
MONROE
SHELTON
RIDGEFIELD
REDDING
GUILFORD
CLINTON
WESTBROOK
OLD SAYBROOK
OLD LYME
EAST HAVEN
BRANFORD
ORANGE
W. HAVEN
EASTON
TRUMBULL
FISHERS ISLAND
WESTON
MILFORD
STRATFORD
BRIDGEPORT
WILTON
FAIRFIELD
NEW CANAAN
WESTPORT
STAMFORD
NORWALK
DARIEN
GREENWICH
BM 2

State of Connecticut
Division of Vocational Rehabilitation
Hartford Administrative Region
(Courtesy of Connecticut Development Commission)

FIGURE

TABLE 17

POPULATION ESTIMATES
HARTFORD REGION

TOWNS	**1967** Estimated Population	1966 Population Density per sq. mi.	1960-1966 Change in Population Density
Avon	7,800	331.9	+ 97.4
Berlin	14,800	553.0	+121.1
Bloomfield	17,700	652.9	+141.7
Bolton	3,600	244.9	+ 40.8
East Granby	2,900	162.9	+ 26.2
East Hartford	52,100	2,758.2	+329.7
East Windsor	8,700	319.5	+ 33.8
Ellington	7,500	215.1	+ 52.9
Enfield	42,431	1,243.1	+295.4
Farmington	13,100	440.9	+ 62.5
Glastonbury	18,500	337.8	+ 61.1
Granby	5,700	136.9	+ 15.4
Hartford	161,000	9,321.8	+ 1.3
Manchester	46,800	1,695.7	+166.8
New Britain	86,300	6,372.2	+372.2
Newington	22,187	1,569.7	+272.9
Plainville	15,900	1,572.9	+203.3
Rockly Hill	8,917	617.5	+ 76.2
Simsbury	15,100	415.2	+114.0
Somers	5,200	159.9	+ 34.0
South Windsor	15,500	506.8	+174.6
Stafford	8,000	132.7	+ 5.6
Suffield	8,000	187.2	+ 26.6
Tolland	5,300	126.2	+ 53.2
Union	460	16.1	+ 2.4
Vernon	22,400	1,162.2	+ 237.9
West Hartford	73,400	3,320.7	+ 372.6
Wethersfield	25,200	1,896.9	+ 330.9
Willington	2,500	70.4	11.7
Windsor	22,500	726.4	+ 67.6
Windsor Locks	13,900	1,462.3	+ 225.8
Percentage of State Total	.26		

Much of the interstate travel which passes through Connecticut follows highways which go through the city of Hartford. Although new expressway construction has limited the volume of interstate traffic which actually stops in the city, the economy of the surrounding area is assisted by the traffic which calls on local restaurants, gas stations, and motels for service.

Hartford and the surrounding towns (including New Britain) have a complex public transportation system. Buses are used extensively by people in this area, although the majority of residents use automobiles as a means of transportation to work. The outlying areas of the region are not as well served by buses, but the need for bus transportation in these areas is not as intensive. The number of work trips by bus is expected to increase at a fairly rapid rate for the Hartford area in the next few years.

The majority of employees in the Hartford Region work in non-manufacturing activity. Many employees of the State's various Departments work in the central offices which are located in Hartford. The city is also the home of many of the larger insurance companies in the nation. Unemployment is typically low, with most of the unemployed found among the undereducated and unskilled. The employment opportunity outlook for the two labor market areas in the Hartford Region is good for skilled and professional workers. The demand for unskilled labor will continue to decrease.

Table 8 p.81 summarizes the pertinent labor market information for the region. In addition to these data, it should be noted that the

TABLE 18

HARTFORD LABOR MARKET
JUNE 1968

	Employment				
	Manufacturing		Non-manufacturing		
TOWNS	Number	Percent	Number	Percent	Total
Hartford	114,030	37	193,940	63	307,970
New Britain	25,220	54	21,460	46	46,680
Totals	139,250	39	215,400	61	354,650

Unemployment		
Men	8,090	Ratio to total employment: 4.0%
Women	6,910	
Total	15,000	

Data from Connecticut State Employment Service for quarter ending June 30, 1968 per capita income reported for the Hartford Region is $3,326 annually.

Rehabilitative Resources

Classification of facilities. Table 15 shows comparative data on eighteen rehabilitation facilities in the Hartford Region, which are included in this study. They include nine hospitals (five general hospitals with rehabilitation units and four special hospitals primarily concerned with rehabilitation); one rehabilitation center with workshop and one general workshop; three workshops primarily concerned with the needs of the retarded; one school; and three facilities classed as "Other."

Types of services offered. In relation to the rest of the State, the Hartford Region is in good condition in terms of the services offered to clients of rehabilitation. Table 19 shows that the region has particularly good coverage in the following: (1) physical and medical evaluation, (2) physical therapy, (3) medical consultation (diagnostic), (4) diagnostic and treatment services, (5) social services, (6) follow-up of discharged clients, (7) nursing care, and (8) general skill training.

In terms of the expected increase in population and the need to serve all handicapped persons eligible for rehabilitation, by 1975, it appears that the following services should be increased in the region: (1) psychological services, (2) vocational evaluation, (3) prevocational and personal adjustment training, (4) the determination of rehabilitation potential, (5) vocational counseling, (6) job placement, (7) extended employment, (8) psychiatric services, and (9) specific skill training.

Disabilities served. Table 20 suggests that in the Hartford Region, the disabilities which seem to be well served include

TABLE 19

SERVICES OFFERED BY REGION

SERVICES OFFERED	REGIONS											
	HFTD.		N. HVN.		B'PORT		W'BURY		N'WICH		STATE	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1. Physical & medical evaluation	13	72	11	73	9	60	6	67	12	100	51	74
2. Physical therapy	9	50	6	40	2	13	1	11	4	33	22	32
3. Occupational therapy	7	39	2	13	3	20	2	22	4	33	18	26
4. Speech & Hearing Service	6	33	4	27	1	6	1	11	3	25	15	22
5. Medical consultation (diagn.)	10	55	6	40	4	27	3	33	5	42	28	41
6. Psychological services	6	33	4	27	2	13	1	11	1	8	14	20
7. Diagnostic & treatment	10	56	0	0	1	6	1	11	3	25	15	22
8. Social services	10	56	8	53	11	73	6	67	3	25	38	55
9. Vocational evaluation	7	39	2	13	2	13	0	0	2	17	13	19
10. Prevocational & personal adjustment training	5	28	3	20	5	33	0	0	1	8	14	20
11. Rehabilitation potential deter.	5	28	2	13	3	20	1	11	1	8	12	17
12. Vocational counseling	6	33	4	27	4	27	0	0	2	17	16	23
13. Job Placement	7	39	4	27	3	20	0	0	2	17	16	23
14. Extended employment	2	11	0	0	2	13	0	0	1	8	5	7
15. Follow-up of discharged clients	12	67	9	60	8	53	5	56	10	83	44	64
16. Prosthetic fitting	8	44	3	20	4	27	1	11	1	8	17	25
17. Orthotic fitting	8	44	5	33	1	6	0	0	1	8	15	22
18. Nursing care (R.N. only)	12	67	6	40	6	40	1	11	7	58	32	46
20. Psychiatric services	6	33	7	47	3	20	2	22	1	8	19	28
21. Skill training (general)	9	50	4	27	8	53	4	44	6	50	31	45
22. Skill training (specific)	4	22	2	13	1	6	1	11	5	42	13	19

TABLE 20

DISABILITIES SERVED BY REGIONS
IN CONNECTICUT

DISABILITIES	REGIONS											
	HARTFORD		NEW HAVEN		BRIDGEPORT		WATERBURY		NORWICH		STATE	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
100-119 Blindness	3	17	3	20	2	13	2	22	6	50	16	23
120-149 Other Visual Impairments	3	17	2	13	3	20	0	0	3	25	11	16
200-229 Deafness	5	28	4	27	4	27	2	22	2	16	17	25
300-399 Orthopedic	12	67	8	53	8	53	6	67	4	33	38	55
400-449 Amputation	8	44	4	27	6	40	3	33	1	8	22	32
500 Psychotic	2	11	3	20	4	27	5	56	6	50	20	29
510 Psychoneurotic	5	28	5	33	7	47	4	44	7	58	28	41
520 Alcoholism	4	22	2	13	2	13	1	11	2	16	11	16
521 Drug Addiction	1	6	2	13	2	13	1	11	2	16	8	12
522 Other Behavioral Disabilities	4	22	4	27	5	33	6	67	7	58	26	38
530 Mild Retardation	6	33	6	40	8	53	5	56	7	58	32	47
532 Moderate Retardation	5	28	5	33	8	53	5	56	6	50	29	42
534 Severe Retardation	3	17	5	33	8	53	4	44	6	50	26	38
600-609 Cancer	9	50	2	13	4	27	1	11	2	16	18	26
610-619 Allergies	9	50	3	20	3	20	1	11	1	8	17	25
620-629 Diseases of the Blood	7	39	1	6	1	6	1	11	1	8	11	16
630 Epilepsy	7	39	6	40	7	47	4	44	6	50	30	43
639 Nervous System	13	72	5	33	8	53	1	11	4	33	31	45
640-644 Cardiac	10	55	7	47	4	27	2	22	4	33	27	39
645-649 Other Circulatory	11		6	40	4	27	3	33	4	33	28	41
650-659 Respiratory	9	50	5	33	5	33	1	11	3	25	23	33
660-669 Digestive	7	39	2	13	2	13	1	11	3	25	15	22
670 Urinary	8	44	2	13	3	20	1	11	3	25	17	25
680-689 Speech	8	44	6	40	7	47	2	22	6	50	29	42
690 Other	4	22	3	20	3	20	2	22	2	16	14	20

(1) orthopedic, (2) absence or amputation of members, (3) cancer, (4) allergic conditions, (5) diseases of the blood, (6) disorders of the nervous system, (7) cardiac and (7) other circulatory conditions, and (9) respiratory diseases.

It would seem that certain disabilities have less than adequate service at present, and services should be increased if all disabled in these categories are to be served by 1975. They are the following: (1) psychotic and (2) psychoneurotic disorders, (3) alcoholism, (4) drug addiction, (5) behavioral disabilities, and (6) severe mental retardation.

Client capacity. Table 21 p.87 shows that the Hartford Region rehabilitation facilities served 9,300 inpatients and 10,300 outpatients during the last fiscal year. An average of 2,400 persons were served daily in facilities having a daily capacity of approximately 2,700 clients per day, according to the survey sample.

Utilization of facilities. Table 22 p.88 demonstrates that the rehabilitation facilities of the region are being utilized at about 89% of capacity. Several factors are involved in this low degree of utilization, one of which may be the size of the facilities. Very often small facilities operate with part-time volunteer help and do not have enough professional workers. There is a large number of such small facilities in the Hartford Region. Approximately two out of five of the facilities studied in the region have capacities of 60 or less. These include (1) FAVAR, 15; (2) Greater Hartford Home Care, 60; (3) Mount Sinai Hospital, 18; (4) Niles House, 16; (5) Manchester Memorial Hospital, 30; (6) Manchester Sheltered Workshop, 30; (7) The Constructive Workshop, 40. These seven facilities have an average capacity of 30 clients. Size may be a factor which affects not only the degree of utilization, but services offered, disabilities served, and the general quality of services.

A listing of the facilities surveyed in the Hartford Region, the legend descriptive of the codes used, and a narrative description of each facility may be found on pages 94 - 105.

TABLE 21

CLIENTS SERVED AND CAPACITY OF WORKSHOPS AND REHABILITATION FACILITIES IN CONNECTICUT[1] BY REGION

March, 1969

REGION	Inpatients served last fiscal year	Outpatients served last fiscal year	Average number of inpatients served daily	Average number of outpatients served daily	Total average served daily	Daily capacity of Facility
Hartford	9,300	10,300	2,000	400	2,400	2,700
New Haven	7,200	4,000	2,200	900	3,100	3,200
Bridgeport	5,600	5,100	3,200	700	3,900	4,200
Waterbury	2,000	1,100	2,000	200	2,200	2,300
Norwich	6,500	6,800	3,700	3,300	7,000	7,400
State Totals	30,600	27,300	13,000	5,400	18,600	19,700

[1] General hospitals with no rehabilitation units are not included. The data do not reflect 100% of the clients served in Connecticut because not all facilities were able to give complete data.

TABLE 22

UTILIZATION OF FACILITIES IN CONNECTICUT BY REGION

REGION	Percent of Utilization
Hartford	89
New Haven	96
Bridgeport	93
Waterbury	96
Norwich	95
STATE	94

LEGEND for FORM I RSA-31 (REVISED)

1. Division of Vocational Rehabilitation Administrative Regions:

Region 1: Hartford Region
Region 2: New Haven Region
Region 3: Bridgeport Region
Region 4: Waterbury Region
Region 5: Norwich Region

2a. City or Town in which the facility is located.

2b. County in which the facility is located.

2c. Name of the facility.

3. Type of facility:

   1. Rehabilitation Center with workshop.
   2. Rehabilitation Center without a workshop.
   3. General Workshop.
   4. Workshop for the mentally retarded.
   5. School oriented toward rehabilitation.
   6. General hospital with a rehabilitation unit.
   7. Special hospital oriented toward rehabilitation.
   8. Other.

4. Sponsorship of the program:

   1. City.
   2. State, Department of Health, Office of Mental Retardation.
   3. Other State.
   4. Federal.
   5. Community or private, nonprofit.
   6. Church affiliated.
   7. Other.

5. Sponsor's Interest in the property:

   1. Sponsor owns the property.
   2. Sponsor rents or leases the property.
   3. The property is rent free.
   4. The property is used under some other arrangement.

LEGEND FOR FORM I RSA - 31 (CONTINUED)

6. Disability Groups Served:

Vocational Rehabilitation Administration Codes	Disability
100-119	Blindness
120-149	Other Visual Impairments
200-219	Deafness and
220-229	Other Hearing Impairments
300-319	Orthopedic - Paraplegia
320-339	Orthopedic - Hemiplegia
340-359	Orthopedic - One or both
360-379	Orthopedic - upper or lower
380-399	Orthopedic - Other
400-449	Absence or Amputation of Members
500	Psychotic Disorders
510	Psychoneurotic Disorders
520	Alcholism
521	Drug Addiction
522	Other Character, Personality and Behavioral Disability
530	Mild Mental Retardation
532	Moderate Mental Retardation
534	Severe Mental Retardation
600-609	Cancer
610-619	Allergic, Endocrine System, Metabolic and Nutritional
620-629	Diseases of the Blood
630	Epilepsy
639	Other Disorders of the Nervous System
640-644	Cardiac Conditions
645-649	Other Circulatory Conditions
650-659	Respiratory Diseases
660-669	Digestive System Disorders
670-679	Genito-Urinary System Conditions
680-689	Speech Impairments
690-699	Others (not elsewhere classified)

LEGEND FOR FORM I RSA -31 (CONTINUED)

7. Services the facility offers:

    1. Physical and medical evaluation
    2. Physical therapy
    3. Occupational therapy
    4. Speech and hearing service
    5. Medical consultation (diagnostic)
    6. Psychological services
    7. Diagnosis and treatment
    8. Social services
    9. Vocational evaluation
    10. Prevocational and personal adjustment training
    11. Rehabilitation potential determination
    12. Vocational counseling
    13. Job placement
    14. Extended employment
    15. Follow-up of discharged clients
    16. Prosthetic fitting
    17. Orthotic fitting
    18. Nursing care (R.N. only)
    19. Psychiatric services
    20. Skill training (general)
    21. Skill training (specific)

LEGEND FOR FORM I RSA-31 (CONTINUED)

8a. Number of clients served last year: The number of clients the facility served in its last fiscal year.
(The number of in-patients is underlined. The number of out-patients is below it. The total is below the diagonal line.)

8b. Vocational Rehabilitation referrals last year: The number of clients referred to the facility by the Division of Vocational Rehabilitation and the State Board of Education and Services for the Blind.

8c. Average daily case load: The average number of clients being served daily at the facility of workshop.
(The number of in-patients is underlined. The number of out-patients is below it. The total is below the diagonal line.)

8d. Percentage of utilization: The facility's average daily caseload divided by the total number of clients who can be served daily by the facility with its present staff and equipment.

State Workshops and
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INVENTORY
Form I
RSA-31 (revised)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Services
Rehabilitation Services Administration
Washington, D.C.

Form Approved
Budget Bureau No. 83-R059

State agency DIVISION OF VOCATIONAL REHABILITATION - HARTFORD REGION #1

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Avon	Hartford	FAVAR Services	4	5	3	120-149 522 200-229 530 300-399 532 610-619 534 680-689 639	4, 6, 9, 10 11, 12, 13, 14, 15, 18, 20, 21	16	2	15	15/15	100%
Hartford	Hartford	Blue Hills Hospital					NO REPLY TO QUESTIONNAIRE					
Hartford	Hartford	Greater Hartford Home Care Program	8	1	1	300-399 400-449 600-619 639, 645-649	2, 3, 4, 5, 8, 15, 16, 17, 18	200	2	55	55/60	92%

F.A.V.A.R.
AVON

Farmington Valley Association for Retarded Children is a workshop for the mentally retarded, located in the basement of an old school building on Route 10 in Avon. The building is, at present, housing the town administrative offices, which are there temporarily, following a fire which destroyed the old Town Hall. There are plans for relocation of the offices in the near future, at which time the facility may plan for expansion of services.

As the goal of the workshop is to provide sheltered employment, placement is not emphasized. The smallness of its size allows for close supervision of the workers, but fuller evaluation of client potential could be made if the number of work stations could be increased. The facility operates at capacity, but could use more occupational therapists and persons with workshop experience.

Transportation is furnished by the facility.

Blue Hills Hospital
and
Clinic - Alcoholism, Drug Dependence
HARTFORD

Both the Clinic and Blue Hills Hospital are maintained by the Alcohol and Drug Dependence Division of the Department of Mental Health. The Hospital, situated on Coventry Street, and easily accessible by bus, is available to any Connecticut resident with a drug or alcohol problem upon referral from a Connecticut physician or Division Clinic. The Clinic is available to any resident of the Greater Hartford area with an alcohol or drug problem. It offers diagnosis, evaluation, referral, medical help, individual or group therapy, and vocational assistance.

The Greater Hartford Home Care Program

This is a home care program operated from a single office on Coventry Street in Hartford. Patients who live at home and are in need of rehabilitative care are served by visiting physical therapists and occupational therapists, as well as other professionals. Patients may be referred to this program by physicians.

Serving all ages and both sexes, the program is serviced by a small staff, comprising mostly part-time personnel. It is supported by the City of Hartford, with client fees charged to State Welfare, insurance companies, or charitable funds.

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State agency DIVISION OF VOCATIONAL REHABILITATION - HARTFORD REGION #1

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Hartford	Hartford	Hartford Hospital - Dept. of Medicine & Rehabilitation, & Continuing Care	6	5	1	100-449 600-699	1, 2, 3, 4, 5, 6, 7, 8, 15, 16, 17, 18	2117 454 2571	51	71 21 92	92/125	73%
Hartford	Hartford	The Hartford Rehabilitation Center, Inc.	1	5	3*	300-399 400-449 530-532 600-609 640-644 645-649 650-659 680-689 690-699 510 520 522 630 639	1-17 19, 20	1215	61	92	92/152	61%
Hartford	Hartford	The Institute of Living	7	5	1	500-522 639	1-12, 18, 19	594 428 1022	0	389 25 414	414/420	90%

*Rented at $1.00 per year

Hartford Hospital
HARTFORD

Hartford Hospital is a privately endowed hospital, housed in an eleven-story modern building on the periphery of downtown Hartford, and consequently, easily available by public transportation. An additional five-story separate building (fully airconditioned) was opened for service about three years ago, housing Physical Medicine, Mental Hygiene, and Day Center facilities.

Present services to disability groups are efficiently administered and adequate, but the numbers to be served will increase in coming years, with emphasis on emotionally disturbed groups. There are no workshop facilities on the premises, nor are any included in upcoming plans.

The Hartford Rehabilitation Center
HARTFORD

The Hartford Rehabilitation Center, a private, non-profit agency largely supported through funds derived from the annual Easter Seal Campaign, is a rehabilitation center with workshop, evaluative and rehabilitative services. Located presently on the ground floor of the former McCook Hospital--Harriet Ingersoll Jones Home for the Aged complex on Holcolmb Street, it will occupy a new building in 1970, which is being constructed in the same area. The facility is easily reached by public transportation, and has no architectural barriers.

The Center provides a comprehensive range of rehabilitation services. Pre-vocational training could be improved, and more occupational skill training offered. There is good social service coverage, as well as counseling groups for parents of young patients.

The Institute of Living
HARTFORD

The Institute of Living is a nationally known private psychiatric hospital in an older residential section of the city, in the same general area as Hartford Hospital. It is well-maintained within enclosure consisting of twelve separate buildings which includes a gymnasium, auditorium, occupational therapy rooms and classrooms. Its inpatient psychiatric services are considered among the finest in the world, but its outpatient services are limited because of long waiting periods. The Institute provides referrals to the Division of Vocational Rehabilitation for placement and related services as needed.

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State agency DIVISION OF VOCATIONAL REHABILITATION - HARTFORD REGION #1

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Manchester	Hartford	Manchester Sheltered Workshop	4	5	3	530, 532 534	8, 9, 10, 11 13, 15	25	4	25	$\frac{25}{30}$	83%
New Britain	Hartford	The Constructive Workshop, Inc.	3	5	1	Serves all groups	9, 10, 13, 14, 15, 20	94	44	38	$\frac{38}{40}$	95%
New Britain	Hartford	New Britain General Hospital				NO REHABILITATION PROGRAM						
New Britain	Hartford	New Britain Memorial Hospital	7	5	1	300-449, 510 530, 532 600-609 639-659 670-689	1-7, 9-13, 15-21	-	-	200	$\frac{200}{200}$	100%

Manchester Sheltered Workshop

HARTFORD

The Manchester Sheltered Workshop, housed in the basement of an old but well maintained school building, serves only the mentally retarded at present, with little indication of future service to other disabilities. Because of limited physical space there is no room for expansion in the present facility.

Since the staff is comprised, for the most part, of lay persons and parents of the clients using the facility, not enough testing and/or work evaluation services are offered.

The Constructive Workshop

NEW BRITAIN

The Constructive Workshop, a sheltered workshop for the mentally and emotionally retarded, is housed in a large quonset hut. Here it provides work evaluation, work adjustment, a sheltered workshop, and placement services. Additional services of a social worker, a work evaluator and an occupational therapist would be useful.

There is room for expansion at the present site, and the facility is easily accessible by public transportation.

The New Britain General Hospital

NEW BRITAIN

The New Britain General Hospital, a small, privately operated service, offers a mental hygiene clinic which is housed in an old two-story building which does not have an elevator. The facility is accessible by public transportation.

New Britain Memorial Hospital

NEW BRITAIN

This hospital classified as a special hospital oriented toward rehabilitation was built and expanded to accomodate the severely physically handicapped. Easily accessible, the Memorial Hospital is recognized outside its immediate area, and thus has a long waiting list for its services. It has been suggested that a full time rehabilitation counselor be placed at the hospital.

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Budget Bureau No. 83-R059

State agency DIVISION OF VOCATIONAL REHABILITATION - HARTFORD REGION #1

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Newington	Hartford	Cedarcrest Hospital - Chronic Disease Service	7	3	1	300-449 610-629 639-689	1-5, 7-9, 11, 16-18, 20	$\frac{428}{1080}$ 1508	39	186	$\frac{186}{272}$	68%
Newington	Hartford	Hartford Regional Center	4	2	1	530, 532, 534, 630	1, 6, 8, 9, 10, 12, 13, 15, 18, 20	112	-	$\frac{8}{34}$	$\frac{42}{45}$	93%
Newington	Hartford	Newington Children's Hospital	7	5	1	200-449 600-689	1, 2, 3, 4, 5, 6, 7, 8, 16, 17, 18, 19	$\frac{1099}{155}$ 1254	-	$\frac{130}{40}$ 170	$\frac{170}{200}$	85%
Rocky Hill	Hartford	Veterans' Home and Hospital	6	3	1	100-499, 520, 600-699	1, 2, 3, 4, 5, 7, 16, 17, 18	2000	-	953	-	-

Cedarcrest Hospital
NEWINGTON

Cedarcrest is a State hospital for the treatment of tuberculosis and chronic diseases. Located on a hillside outside the center of Newington, it is accessible by public transportation. The hospital is about 30 years old and in good condition. There is room for expansion at the site. The facility serves fewer and fewer tubercular patients, but there is an increase in the number of patients with other respiratory diseases such as emphysema. While physical limitations must be imposed on exercise and work activity, because of the nature of the illnesses, there still is a need for more occupational therapy and physical therapy at this site.

Hartford Regional Center
NEWINGTON

The Hartford Regional Center is a relatively new facility, established in 1966, State supported, and serving primarily mentally retarded clients. It accomodates both sexes and all ages, maintaining a work activity program designed to fit the needs of the retarded. There are many services, including evaluation, psychological services, social services, vocational evaluation.

Newington Children's Hospital
NEWINGTON

Although the Children's Hospital is primarily concerned with children with orthopedic problems, services are also given to children with neuro-muscular disorders. It has acquired a national, and even international reputation for the excellence of its services.
In addition to medical services, it also provides extensive educational training for its clients.

Veterans' Home and Hospital
ROCKY HILL

The Veterans's Home and Hospital, in Rocky Hill, is a State institution serving Connecticut war veterans only. It has not, within the past year, served any vocational rehabilitation clients.

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State agency DIVISION OF VOCATIONAL REHABILITATION - HARTFORD REGION #1

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Newington	Hartford	Veterans' Administration Hospital	6	4	1	300-399 510 522 600-689	1, 2, 3, 5 6, 7, 8, 12 15, 16, 17, 19	1025 5580 6605	—	75 30 105	105 150	70%
Stafford Springs	Tolland	Johnson Memorial Hospital	8	5	1	300-399 520 530 600-679	1, 2, 5, 7, 15, 18	2006 5679 7685	0	65 20 85	85 150	57%
West Hartford	Hartford	The American School for the Deaf	5	5	1	200-229 Deafness & other hearing impairments	9, 10, 11 12, 13, 15 20, 21	243	6	DATA NOT GIVEN		

Veterans' Administration Hospital
NEWINGTON

The Veterans's Administration Hospital is housed on a large tract of land between West Hartford and Newington. Its services, particularly the Mental Health Clinic, are of high caliber It is operated for veterans only, by the U.S. Veterans's Administration.

Johnson Memorial Hospital
STAFFORD SPRINGS

The Johnson Memorial Hospital is a small privately operated hospital in Stafford Springs. It offers some physical therapy, and a diagnostic and evaluative unit. There is a good program of follow-up on discharged patients.

The American School for the Deaf
WEST HARTFORD

The American School for the deaf is, historically, one of the oldest schools for the education of the deaf in the United States. Situated in a campus-like setting in a residential area of West Hartford, it has considerable room for expansion, and is in the process of adding more facilities at this time. It serves younger groups, primarily, and draws clients from many parts of the State and country.

It is easily accessible by public transportation, and has few architectural barriers.

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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State agency DIVISION OF VOCATIONAL REHABILITATION - HARTFORD REGION #1

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Hartford	Hartford	Mount Sinai Hospital - Physical Therapy Dept.	6	5	1	300-449 600-629 639-679	1, 2, 4, 5, 7, 8, 18	1955 697 2652	0	10 6 16	16/18	89%
Hartford	Hartford	Niles House	8	5	2	500, 510	8, 11, 12, 13, 15, 20	41	39	14	14/16	88%
Hartford	Hartford	Saint Francis Hospital	6	6		All cases normally served in large general, medical, surgical hospital	1, 2, 3, 5, 6, 7, 8, 15, 16, 17, 18, 19, 20, 21	16558 7216 23774		95	—	- %
Manchester	Hartford	Manchester Memorial Hospital - Rehabilitation Unit	6	5	1	300-399 639-649 690-699	1, 2, 3, 5, 7, 8, 11, 16 17, 18, 19, 20	-	-	20 10 30	30/30	100%

Mount Sinai Hospital
HARTFORD

Mount Sinai Hospital is a privately supported general hospital. Its present facilities are being expanded by a new addition which will almost double the capacity of the hospital. At present, it offers only some limited physical therapy, for both outpatients and inpatients. It does not accept new cases for physical therapy.

Niles House
HARTFORD

Niles House is a half-way house for mentally ill women, only. It is located in mid-town Hartford, on a clean and pleasant side street. Adequate shopping, transportation and entertainment are nearby. Although the house itself is approximately forty-five years old, it has been remodelled, and is now in excellent condition for its present use. However, the stairways and halls are narrow, making the facility unsuitable for physically handicapped persons.

Niles house provides room and board, as well as a supervised environment and counseling services. For a facility such as this, it is difficult to find and retain supervisory personnel, and to establish jurisdictional boundaries among the staff. There is also need to continue following up ex-residents of the facility.

Saint Francis Hospital
HARTFORD

Saint Francis Hospital is a general hospital operated by the Catholic Church. Located in a semi-residential area, it is fully accessible by public transportation.There are two principal buildings, one nearly half a century old, the other built in the early '60's. There are no significant architectural barriers in these buildings.

Present rehabilitation services include a neuro-psychiatric wing with an outpatient clinic, a physical medicine department for both inpatients and outpatients, and other outpatient clinics such as neurological, surgical and cardiac. Undoubtedly, there will be still more services available, when the present building plans are completed.

Manchester Memorial Hospital
MANCHESTER

Manchester Memorial Hospital is a general hospital with a rehabilitation unit. The main building of the hospital was completed in 1932. A new wing, now under construction, should be ready in the spring of 1970. There is public transportation available, and the hospital has no architectural barriers.

In recent years, the hospital has expanded many services, including extended physical rehabilitation, mental hygiene clinics, and a short-term psychiatric inpatient unit.

The New Haven Region

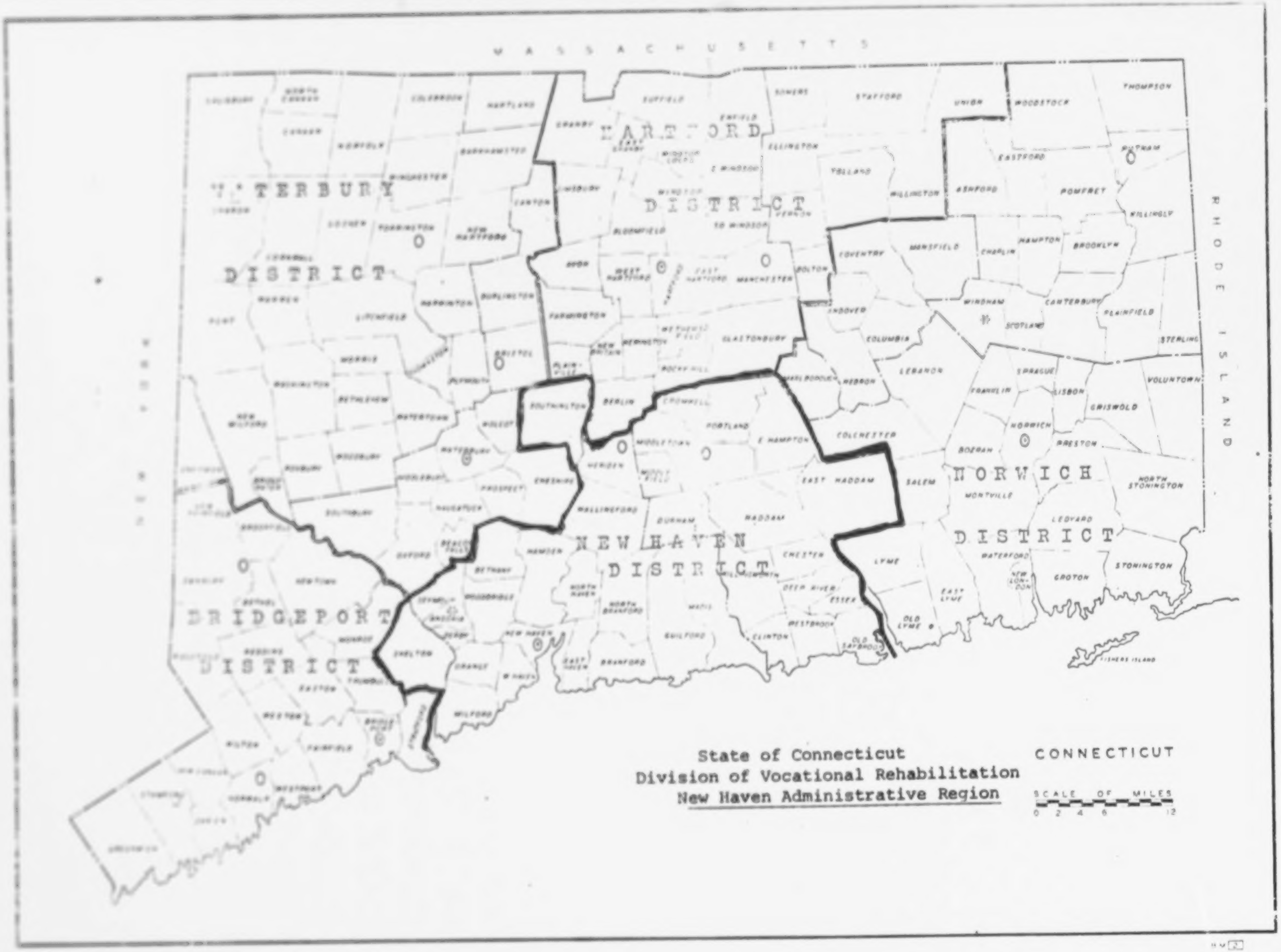
The New Haven Region is the geographic area known as the Central Lowlands and the Coastal Plain. (See Figure 5 p.107) This area contains a heavy concentration of fertile soil which makes the section very important agriculturally. However, there is high competition between agrarian pursuits and industrial development for the use of this versatile land.

The region's portion of the Coastal Plain, which extends from Milford to the Connecticut River at Old Saybrook, has many recreational seaside activities, and includes also the New Haven harbor, which is the focal point of this section of the Coastal Plain. The ever-present danger of pollution, however, threatens the value of surrounding beaches and other water-based recreation facilities.

Demographic Resources

Table 2 p.37 shows that in 1967 the population of the New Haven Region was 703,700 persons. By 1975, it is expected to have gained approximately 117,584 individuals, so that at that time the population should be around 821,284. Table 3 p.38 shows that, even though this number of persons will have been added, by 1980 the region will have no larger percentage of the State's total population, because the region will be growing at approximately the same rate as the State as a whole.

Table 4 p.40 shows that, in respect to urbanization, this region was, in 1967, not so highly urbanized as were the Hartford and Bridgeport Regions. A little less than half its towns and cities had more than 10,000 people. Table 29 p.108 which follows, shows the population by towns


MASSACHUSETTS
RHODE ISLAND
NEW YORK
HARTFORD DISTRICT
WATERBURY DISTRICT
NORWICH DISTRICT
NEW HAVEN DISTRICT
BRIDGEPORT DISTRICT
CONNECTICUT
SCALE OF MILES
0 2 4 6 12

State of Connecticut
Division of Vocational Rehabilitation
New Haven Administrative Region

FIGURE 5

TABLE 23

POPULATION ESTIMATES
NEW HAVEN REGION

TOWNS	1967 Estimated Population	1966 Population Density per sq. mi.	1960-1966 Change in Population Density
Ansonia	20,200	3,290.3	+ 93.7
Bethany	3,400	156.1	+ 39.0
Branford	19,200	877.8	+ 122.1
Chester	2,900	184.7	+ 25.5
Clinton	7,800	436.4	+ 181.9
Cromwell	7,400	570.3	+ 39.1
Deep River	3,500	232.4	+ 21.1
Derby	12,600	2,442.3	+ 96.1
Durham	4,000	170.2	+ 38.3
East Haddam	4,500	77.9	+ 12.7
East Hampton	7,100	192.2	+ 41.8
East Haven	26,100	2,132.2	+ 347.1
Essex	4,200	394.5	+ 18.4
Guilford	9,900	214.9	+ 39.5
Haddam	4,100	89.7	+ 9.2
Hamden	49,900	1,521.3	+ 262.2
Killingworth	1,700	47.8	+ 16.9
Madison	8,200	204.3	+ 80.6
Meriden	56,544	2,396.3	+ 123.7
Middlefield	4,100	317.8	+ 62.0
Middletown	33,868	824.7	+ 25.3
Milford	48,100	2,625.6	+ 290.4
New Haven	148,200	8,435.8	- 39.1
North Haven	23,400	1,028.7	+ 253.6
North Branford	10,500	354.8	+ 103.9
Old Saybrook	9,100	554.8	+ 206.4
Orange	14,500	805.7	+ 317.3
Portland	8,400	351.5	37.7
Seymour	11,500	791.7	+ 90.3
Shelton	22,877	749.3	+ 134.8
Southington	26,300	707.2	+ 77.4
Wallingford	33,200	781.2	+ 62.0
Westbrook	3,400	202.5	+ 55.3
West Haven	49,863	4,487.4	+ 597.5
Woodbridge	7,600	358.9	+ 92.2
Percentage of State Total	.24		

in the New Haven Region. The largest increase in density was experienced by the town of West Haven, followed by the town of Orange in second place. New Haven, itself, as is true of Bridgeport, actually experienced a decline in population density. A large percentage of the population of the city of New Haven, in particular, is represented by Negroes (18.4% of the population), and by Puerto Ricans (who represent approximately 3%.)

Economic Resources

Most of the New Haven Region is enclosed by the Tri-State Transportation Commission, an agency sponsored by the states of New York, New Jersey, and Connecticut in order to seek solutions to long-range transportation and development problems of the large interstate metropolitan region.

The recent merger of the New Haven and Pennsylvania Railroads has guaranteed continued operation of the New York-New Haven branch of the Penn-Central System. Although its passenger volume has decreased steadily over the past decades, the New Haven is still deeply involved with the economy of the New Haven Region and that of the State as a whole.

The Wilbur Cross Parkway (Connecticut Route 15) and interstate highways I-91 and I-95 carry the bulk of the road traffic in this region, as reflected by the major traffic flow from north to south. The region is also serviced by a complex network of State and Federal highways, the more significant of these being U.S. 1, 5, 6A, and I-91, and State Routes 9, 19, 17, and 71.

Although the city of New Haven has the best developed public transportation system in the region, public transportation as a whole, in the more heavily populated towns of New Haven, Hamden, Milford, Meriden, and Middletown, is not adequate to the needs of many of the lower socio-economic level residents.

Approximately 50% more employees in the New Haven Region work in non-manufacturing than in manufacturing. The labor market areas of New Haven and Middletown have a larger percentage of non-manufacturing employment than do the other labor market areas. Close examination of the labor market data provided by the Connecticut State Employment Service indicates a healthy economic and employment opportunity outlook throughout the industrial areas of this region. There is a crucial need for skilled workers, especially in machinery set-up and operation. This indicates that better industrial job opportunities will come to the high school graduate with some specialized training in drafting and similar technical areas. The demand for unskilled labor will continue to decrease at a fairly rapid rate.

The per capita income in the New Haven Region is $3,081. Thus, it ranks below both the Bridgeport and Hartford regions.

A summary of labor market information for the New Haven Region follows.

Rehabilitative Resources[1]

Classification of facilities in Table 5 p.42 shows the data for fifteen rehabilitation facilities in the New Haven Region. Among

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[1] An important facility, Gaylord Hospital, is not included in this report. Its data did not reach us in time to be included in this analysis.

TABLE 24

NEW HAVEN LABOR MARKET
JUNE 1968

	Employment				
	Manufacturing		Non-manufacturing		
TOWNS	Number	Percent	Number	Percent	Total
Ansonia	6,880	52	6,340	48	13,220
Meriden	23,380	54	20,190	46	43,570
Middletown	14370	42	19580	58	33950
New Haven	46750	30	107180	70	153930
Totals	102410	39	163560	61	265970

Unemployment		
Men	7080	Ratio to total employment: 5%
Women	6350	
Total	13430	

Connecticut State Employment Service, Connecticut Labor Department. Data for quarter ending June 30, 1968.

The New Haven Region includes two towns of the Bridgeport Labor Market Area. The figures above reflect 14% of the Bridgeport Labor Market information which approximately describes the employment contained within these towns of the New Haven District.

these are the following: (1) six hospitals (four are general hospitals with rehabilitation units, two are primarily concerned with rehabilitation), (2) five rehabilitation centers (three with workshops and two without), (3) two workshops for the mentally retarded, and (4) two facilities which have been classified as "Other."

Types of services offered. Table 19 p.83 indicates that offering of the following services is consistent with the State pattern: (1) physical and medical evaluation, (2) physical therapy, (3) medical consultation (diagnostic), (4) social services, (5) follow-up of discharged clients, (6) nursing care, and (7) psychiatric services.

The table also shows that the following services are not as available: (1) occupational therapy, (2) vocational evaluation, (3) the determination of rehabilitation potential, (4) extended employment, (5) general skill training, and (6) specific skill training.

It appears that, in the New Haven Region, services offered are considerably less available than in the Hartford Region. Of the facilities reported, only about one in eight offered occupational therapy. For psychological services the figure was slightly greater than one in four. For vocational evaluation, the determination of rehabilitation potential, and skill training, approximately one out of eight facilities reported these services. One in five reported prevocational and personal adjustment training. Approximately one in four reported vocational evaluation, job placement, and general skill training.

Disabilities served. Table 20 p.84 shows that the following disabilities are widely served in the New Haven Region: (1) orthopedic, (2) absence or amputation of members, (3) mild mental retardation,

(4) moderate mental retardation, (5) epilepsy, (6) cardiac conditions, (7) other circulatory conditions, and (8) speech problems.

Disabilities that appear to be not as widely served include (1) other visual impairments, (2) psychotic disorders, (3) alcoholism, (4) drug addiction, (5) behavioral disabilities, (6) cancer, (7) diseases of the blood, (8) also of the digestive system, and (9) urinary system.

Client capacity. Table 21 p.87 shows that the New Haven Region served approximately 7,200 inpatients and more than 4,000 outpatients during the last fiscal year. The rehabilitation facilities in this region served an average of 3,100 clients daily, and had a capacity of 3,300 per day.

Utilization. Table 22 p.88 shows that utilization of rehabilitation facilties in this region was about 96%. This is relatively high as compared with that in the entire State of Connecticut, and was equalled only by the Waterbury Region. There are four smaller facilities in the New Haven Region; Valley Association for Retarded Children and Adults has a daily capacity of 40 clients, the Regional Training Center and Sheltered Workshop has a daily capacity of 50, and the Chester Work Activity Program served 15 clients daily at maximum operation.

This means that more than one of every four facilities in the New Haven Region, as reported in this study, is relatively small. As was pointed out in the report on the Hartford Region, size is probably a factor in the lack of utilization, for the same reasons as outlined there.

An analysis of each facility included in the study follows.

State Workshops and
Rehabilitation Facilities Plan
INVENTORY
Form I
RSA-31 (revised)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Services
Rehabilitation Services Administration
Washington, D.C.

Form Approved
Budget Bureau No. 83-R059

State agency DIVISION OF VOCATIONAL REHABILITATION - NEW HAVEN REGION #2

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Deep River	Middlesex	Chester Work Activity Program	8	2 &5	2	100-149 500, 510 522-534 630-639 680-689	1, 2, 4-15, 18-20	6	0	0	10/15	67%
Derby	New Haven	Griffin Hospital - Dept. of Physical Medicine	6	5	1	300-399 630-639	1, 2, 5, 8, 9, 15-17, 19	660 480 1140	4	35 42 77	77/80	96%
Derby	New Haven	Valley Association for Retarded Children & Adults, Inc.	1	5	1	530-534, 630 680-689	4, 6, 8-13, 18-21	29	25	29	29/40	72%
Meriden	New Haven	Central Connecticut Regional Center	2	3	1	200-229, 510 530-534, 630 680-689	1, 4, 6-10, 12, 13	125	3	35	35/35	100%

Chester Work Activity Program
DEEP RIVER

The Chester Work Activity Program, located in Saint Joseph's Parish Hall in Chester, is a work activity program sponsored cooperatively by Seaside Regional Center and The Parents and Friends of Retarded Children of lower Middlesex County. It is a small organization, having a capacity of only fifteen clients.

The Griffin Hospital
DERBY

This hospital is located in Derby, serving as a general hospital for the lower Naugatuck Valley area. The major part of the building is about fifty years old, with some more modern additions. There are some architectural barriers, which are being eliminated as the renovations progress.

Being largely community oriented, the hospital provides a high quality of medical and social services. It is not vocationally oriented, but it does operate a psychiatric clinic.

The V.A.R.C.A. Workshop
DERBY

The Valley Association for Retarded Children and Adults is essentially a sheltered workshop for the mentally retarded, with some work evaluation and work adjustment training. Since the present facility suffers from the age of the building and the poor plant layout, plans to relocate and build a new facility are in progress. A convenient site has been provided by the town of Ansonia, and the organization has completed a successful fund raising drive. Present plans indicate a transformation from workshop to a more comprehensive rehabilitation facility to serve the needs of the community at large.

While the present facility offers a steady flow of sub-contract assembly work with training areas in food handling and maintenance, there is need for more professional personnel and prevocational training areas.

Central Connecticut Regional Center
MERIDEN

This facility, housed in an old two-story building in the rear of other buildings, has many physical barriers for severely handicapped retardates. Essentially, it provides evaluation and training in workshop and custodial skills. Much attention is given to each individual client, and the staff is diligent in identifying clients' needs, and improving services.

There is definite need for more space, a better physical plant, new equipment and additional personnel if the quality and diversification of vocational services are to be enhanced.

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Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Meriden	New Haven	Central Connecticut Rehabilitation Center, Inc.	2	5	2	300-399 639-649 680-699	1-5, 8, 16, 17	977	5	65	$\frac{65}{65}$	100%
Meriden	New Haven	Regional Training Center & Sheltered Workshop, Inc.	4	5	3	100-229 530-534 630	6, 8-15	48	15	47	$\frac{47}{50}$	94%
Meriden	New Haven	Undercliff Mental Health Center	1	3	1	500-530	1, 3, 5-8, 13-15 18-20	$\frac{?}{400}$?	-	$\frac{90}{30}$ 120	$\frac{120}{?}$	Data Not Complete

Central Connecticut Rehabilitation Center
MERIDEN

This facility is approximately forty years old, with crowded and inadequate quarters. The present structure does not allow for expansion. Services are medically oriented to physical therapy, occupational therapy, speech and hearing. The quality of services offered is high despite the poor physical plant.

The center is, at present, a rehabilitation center without vocational training, work evaluation, or sheltered workshop, however, a new plant planned for operation within three years, will be built adjacent to the Meriden Hospital, and will include these services.

Located approximately half a mile from the center of Meriden, this facility is easily reached by public transportation. In addition, it maintains its own station wagon service for clients. It also provides physical therapy to convalescents on contractural basis.

Regional Training Center and Sheltered Workshop
MERIDEN

This is a workshop for the mentally retarded, located in a two-story building which was formerly a school. Built in 1881, the structure is no longer adequate for the needs of the facility. Although the building is not accessible by public transportation, the facility does not provide transportation.

Undercliff Mental Health Center
MERIDEN

This is a mental health center in Meriden operated by the State Department of Mental Health. The facility, about fifteen years old, is planned to meet the needs of people in the Meriden, Wallingford, Cheshire and southwestern areas. It serves all ages and both sexes. It is very concerned with the psychological and behavioral problems of its clients.

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Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Middle-town	Middle-sex	Connecticut Valley Hospital	7	3	1	500-522	2, 3, 19, 20 5-10 12-15	3992 88 4080	0	1555 ? ?	1555 1570	90%
Middle-town	Middle-sex	Long Lane School	8	3	1	510, 522, 530 (delinquency & neglect)	1, 5-13, 15, 18, 19	320	0	140 210 350	140 160	88%
Middle-town	Middle-sex	Middlesex Memorial Hospital				General hospital serving all groups	Physical therapists (3), & whirlpool	REPLY TO QUESTIONNAIRE LOST IN THE MAIL				
New Haven	New Haven	Easter Seal-Goodwill Industries Rehabilitation Center	1	5	1	100-119 630 200-449 639 500-510 640 520-521 644 522-532 645-659	1-17, 19-21 Disab. Grps. 680-689	755 1069 1824	237	20 350 370	370 375	99%

Connecticut Valley Hospital

MIDDLETOWN

This is a State mental hospital complex in which rehabilitation services are very limited, consisting mainly of on-the-job work stations within the hospital. Work habits, work motivation, and some custodial skills are provided patients to ease social and vocational adjustment upon discharge.

A workshop, still in its infancy, provides a limited number of occupational training skills, but more social workers are needed to give more personal attention to patients' needs in hospital and upon discharge.

The hospital is located two miles from the center of the city, and has ample parking facilities.

Long Lane School for Girls

MIDDLETOWN

Long Lane School is a State correctional institution for girls committed for delinquency and neglect. While there are good residential facilities here, there are too many architectural barriers for severely handicapped inmates. Training is mainly academic in nature, but there are limited job stations in greenhouses, laundry and garden.

Since many girls are fearful of discharge because of their lack of vocational skills, provision of vocational services in the areas of key punching, hair styling, and nurses aide training might be considered for the future.

Middlesex Memorial Hospital

MIDDLETOWN

Middlesex Memorial Hospital, in Middletown, is a privately supported general hospital which serves all illnesses. It provides the services of a physical therapist.

It is easily accessible by public transportation.

Easter Seal Goodwill Industries Rehabilitation Center

NEW HAVEN

This is a relatively new facility constructed specifically as a rehabilitation center. Providing all types of high quality vocational services, including a dynamic recreational and social program for its clients, and possessing a strong social service unit which coordinates well staffed departments of physical therapy, occupational therapy, speech, pre-vocational evaluation, prosthetic appliance services, occupational training, and a sheltered workshop, this facility is administered and staffed with highly capable personnel.
It is located on the outskirts of New Haven with other health units, and is served by public transportation, as well as Center-operated transportation. In its rapid growth, and with its mergers, it has outgrown its present building. Plans for major expansion are under consideration.

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Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
New Haven	New Haven	The Hospital of Saint Raphael - Dept. of Physical Medicine	6	6	1	300-449 640-659	1, 2, 5-9, 11, 12, 16-19	1088 1052 2140	20	25 35 60	60 80	75%
New Haven	New Haven	New Haven Regional Center	4	2	1	120-399 630 530-534 ~~640-644~~ 660-669 680-689	2-4, 6, 8, 10-15, 18, 20	7 93 100	0	9 75 84	84 85	99%
New Haven	New Haven	Yale-New Haven Hospital	6	5	1	300-399 600-619 639-679 690-699	1-8, 11, 15-19	Data not Given for Physical Medicine Dept., but for entire hospital				

The Hospital of Saint Raphael
Department of Physical Medicine
NEW HAVEN

The Department of Physical Medicine of the Hospital of Saint Raphael is part of a general hospital complex. The physical therapy and physical medicine services are of excellent quality, with modern equipment and pleasant facilities. However, occupational therapy is not presently available, and perhaps should be considered as an addition to the physical medicine service.

The hospital is easily accessible by public transportation, and offers ample parking.

The New Haven Regional Center
NEW HAVEN

This is a State operated facility for retardates constructed about four years ago, with both inpatient and outpatient services. The building was specifically designed to serve retardates, many of whom have multiple handicaps, so there are no architectural barriers to cope with.

Services are excellent, and the highly qualified personnel offer training in occupational skills limited only by the problems of low intelligence and other handicaps of the clients.

The facility is located on the outskirts of town, and is served by public transportation, although most of the transportation of clients is handled by the Center.

The Yale-New Haven Hospital
NEW HAVEN

The Yale-New Haven Hospital is a general hospital providing all medical services, including physical therapy, occupational therapy, ambulation therapy, and psychological testing. The highly trained and competent staff maintains close working relationship with the Yale School of Medicine. It is essentially a complete medically-oriented hospital, with no specific emphasis on vocational rehabilitation problems as such.

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Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Shelton	Fairfield	Laurel Heights Hospital - Chronic Disease & Rehabilitation Service	7	3	1	300-449 610-619 639-659 680-689	1-8, 16, 17, 18	329	-	72	72 105	69%
Wallingford	New Haven	Gaylord Hospital	7	5	1	300-449 639-644 650-659 680-699	1-12, 16-19	535 5209 5744	-	100 10 110	-	-
West Haven	New Haven	U.S. Veterans' Administration Hospital	6	4	1	300-510, 522 600-659 670-679 690-699	1-12, 15-17, 19	978 20 998	0	258 5 263	263 280	94%

Laurel Heights Hospital
SHELTON

Laurel Heights Hospital is a State operated hospital serving handicapped individuals in need of medical and restorative care. In addition to general medical services it provides physical therapy, occupational therapy and social service. The services offered are adequate and of high quality, however, there are no occupational or vocational training services available.

This facility was originally constructed for the care and treatment of tuberculosis patients, but because of the infrequency of that disease, one half has been converted to a hospital for treatment of adults for chronic illness and disabling injuries. Located one mile off River Road, on the outskirts of Shelton, it may be reached only by auto. The building still has many architectural barriers despite effort to modify them.

Gaylord Hospital
WALLINGFORD

This is a rehabilitation hospital specializing in the care and treatment of physically handicapped patients. It offers many supportive services, including physical therapy and occupational therapy, speech and psychological testing. The social services offered are excellent, and a very good relationship exists between the staff and patients. A two-million dollar expansion program is underway, and will provide outpatient clinic services. There are no vocational training services available at this time, but plans are under consideration for the development of a pre-vocational testing and work evaluation program within the hospital. The hospital has long been known for the high quality and multiple medical services available to severely handicapped persons.

Veterans Administration Hospital
WEST HAVEN

This is a Federally operated general hospital whose services are available to disabled war veterans only. It provides all types of inpatient medical care, as well as outpatient physical therapy and psychotherapy. These services are of good quality, although vocational services are somewhat limited to activities of daily living, counseling and testing, manual arts therapy, and basic machine instruction. There are some on the job work stations within the hospital structure.

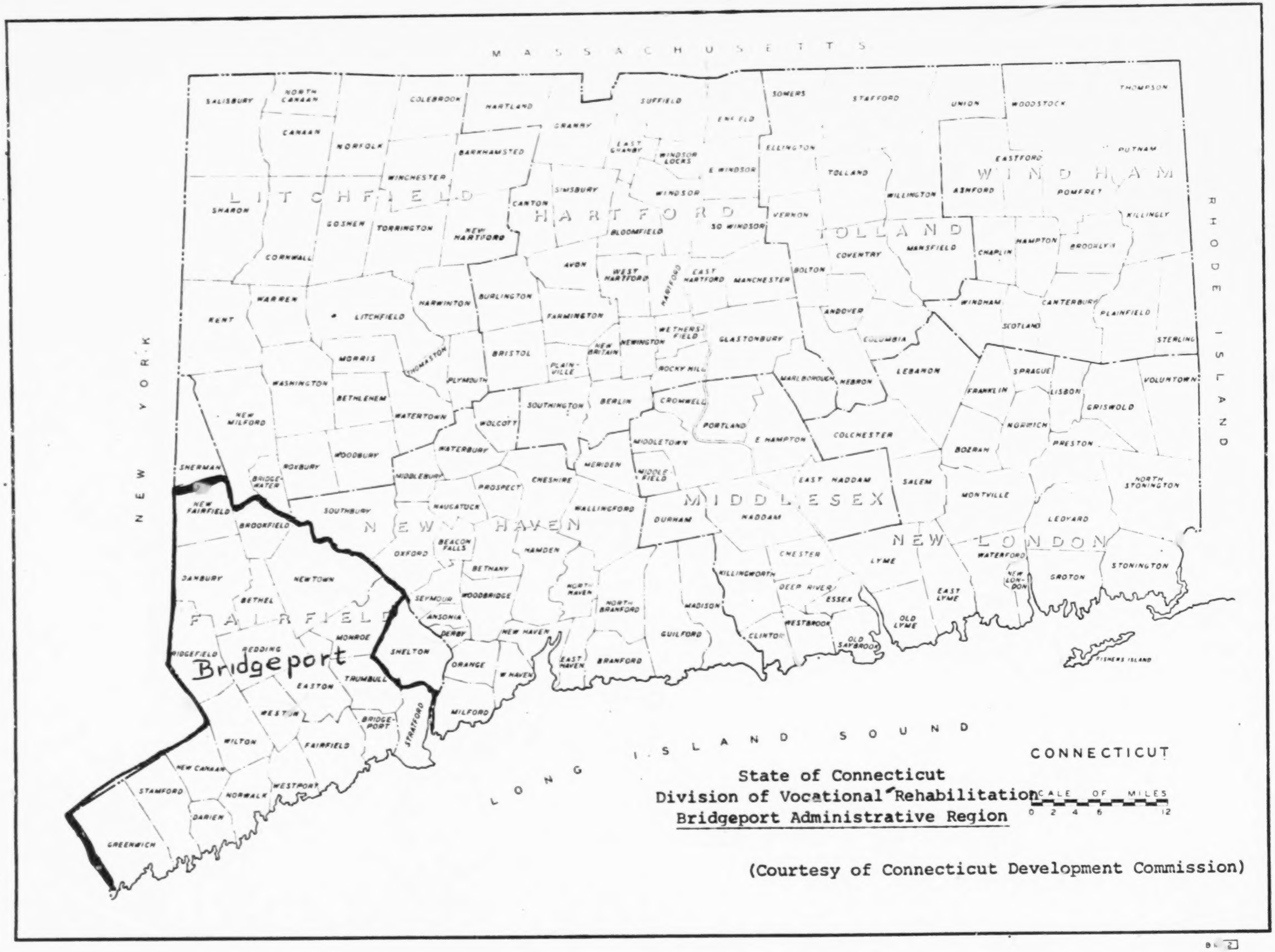
The Bridgeport Region

The Bridgeport Region lies partly in the geographical area of the Coastal Plain and partly in the Western Uplands which, in this southern part of the State, are relatively flat when compared to the Waterbury Region which is adjacent on the north.

Demographic Resources

Table 2 p.37 shows that, in 1967, the Bridgeport Region had a population of 744,600 persons. This was 26% of the State's population. The area is expected to gain some 54,788 persons by 1975, and it is expected that, by 1980, the population of this region will be approximately 900,096. Table 3 p.38 tells us that the region will then contain about 24% of the State's total population, which will be 2% less than in 1967. This decline in percentage of population will be due to a slower growth rate for the region. In the period between 1967 and 1980, Bridgeport will have the slowest rate of growth of any of the five regions in Connecticut. Its slow rate of growth would seem to be related to its high degree of urbanization. Table 4 p.40 shows that the Bridgeport Region had , in 1967, the highest rate of urbanization of any of the regions of Connecticut. At that time, 71% of towns and cities in the regions had over 10,000 population while only 29% of the cities and towns had under 10,000 population.

Table 25 p.126 which follows shows the population in the Bridgeport region by towns. The largest increase in density occurred in the Westport area, while the Bridgeport area actually shows a decrease in population density. The population growth in the Danbury area is the largest of any area in Connecticut, and its rate of growth is more than


MASSACHUSETTS
RHODE ISLAND
NEW YORK
LONG ISLAND SOUND
CONNECTICUT
SCALE OF MILES
0 2 4 6 12
LITCHFIELD
HARTFORD
TOLLAND
WINDHAM
MIDDLESEX
NEW HAVEN
NEW LONDON
FAIRFIELD
Bridgeport
SALISBURY
NORTH CANAAN
CANAAN
COLEBROOK
HARTLAND
NORFOLK
BARKHAMSTED
WINCHESTER
SHARON
GOSHEN
TORRINGTON
NEW HARTFORD
CORNWALL
KENT
WARREN
LITCHFIELD
HARWINTON
MORRIS
THOMASTON
WASHINGTON
BETHLEHEM
WATERTOWN
NEW MILFORD
ROXBURY
WOODBURY
SHERMAN
BRIDGEWATER
NEW FAIRFIELD
BROOKFIELD
DANBURY
BETHEL
NEWTOWN
RIDGEFIELD
REDDING
MONROE
EASTON
TRUMBULL
WESTON
WILTON
FAIRFIELD
BRIDGEPORT
STRATFORD
SHELTON
NEW CANAAN
STAMFORD
NORWALK
WESTPORT
DARIEN
GREENWICH
SOUTHBURY
OXFORD
MIDDLEBURY
NAUGATUCK
BEACON FALLS
SEYMOUR
ANSONIA
DERBY
WOODBRIDGE
BETHANY
ORANGE
MILFORD
W HAVEN
NEW HAVEN
HAMDEN
PROSPECT
WATERBURY
WOLCOTT
CHESHIRE
WALLINGFORD
NORTH HAVEN
NORTH BRANFORD
EAST HAVEN
BRANFORD
GUILFORD
MADISON
MERIDEN
SUFFIELD
ENFIELD
GRANBY
EAST GRANBY
WINDSOR LOCKS
E WINDSOR
WINDSOR
SIMSBURY
CANTON
BLOOMFIELD
SO WINDSOR
AVON
WEST HARTFORD
HARTFORD
EAST HARTFORD
MANCHESTER
BURLINGTON
FARMINGTON
BRISTOL
PLAINVILLE
NEW BRITAIN
NEWINGTON
WETHERSFIELD
GLASTONBURY
ROCKY HILL
PLYMOUTH
SOUTHINGTON
BERLIN
CROMWELL
PORTLAND
MIDDLETOWN
MIDDLEFIELD
E HAMPTON
DURHAM
EAST HADDAM
HADDAM
KILLINGWORTH
CHESTER
DEEP RIVER
ESSEX
WESTBROOK
CLINTON
OLD SAYBROOK
SOMERS
STAFFORD
ELLINGTON
TOLLAND
VERNON
WILLINGTON
BOLTON
COVENTRY
MANSFIELD
ANDOVER
COLUMBIA
MARLBOROUGH
HEBRON
COLCHESTER
UNION
WOODSTOCK
THOMPSON
EASTFORD
ASHFORD
PUTNAM
POMFRET
KILLINGLY
CHAPLIN
HAMPTON
BROOKLYN
WINDHAM
SCOTLAND
CANTERBURY
PLAINFIELD
STERLING
LEBANON
FRANKLIN
SPRAGUE
LISBON
GRISWOLD
VOLUNTOWN
NORWICH
BOZRAH
PRESTON
SALEM
MONTVILLE
LEDYARD
NORTH STONINGTON
LYME
OLD LYME
EAST LYME
WATERFORD
NEW LONDON
GROTON
STONINGTON
FISHERS ISLAND

State of Connecticut
Division of Vocational Rehabilitation
Bridgeport Administrative Region

(Courtesy of Connecticut Development Commission)

FIGURE 6

TABLE 25

POPULATION ESTIMATES
BRIDGEPORT REGION

TOWNS	1967 Estimated Population	1966 Population Density per sq. mi.	1960-1966 Change in Population Density
Bethel	10,200	578.9	+ 101.4
Bridgeport	155,200	10,547.9	- 188.3
Brookfield	7,600	351.5	+ 175.2
Danbury	47,300	1,119.9	+ 170.3
Darien	21,500	1,696.0	+ 208.0
Easton	5,200	166.7	+ 46.1
Fairfield	55,300	1,819.4	+ 264.2
Greenwich	64,500	1,296.2	+ 168.0
Monroe	9,800	348.5	+ 102.3
New Canaan	19,000	859.7	+ 244.3
New Fairfield	5,800	208.0	+ 72.0
Newtown	15,442	257.8	+ 60.4
Norwalk	75,400	3,040.5	+ 283.4
Redding	5,700	168.3	+ 60.4
Ridgefield	15,500	411.6	+ 171.0
Stamford	108,400	2,800.5	+ 321.8
Stratford	44,800	2,427.0	0
Trumbull	29,100	1,163.1	+ 283.3
Weston	6,700	306.5	+ 100.5
Westport	29,900	1,441.0	+ 353.8
Wilton	13,400	438.0	+ 142.4
Percentage of State Total	.25		

twice the rate of increase for the State as a whole. Danbury and the surrounding suburban towns are expected to continue to experience population growth, resulting from movement into the area from the densely populated areas of New York City, Stamford, Norwalk, and Bridgeport.

Another important characteristic of the Bridgeport population is the large percentage of non-whites. In 1968, Negroes comprised 18.4% of the population of the city of Bridgeport, 11.4% of the Stamford population, 12.3% of the Norwalk population, and 5.8% of the population of Danbury. Each of these cities and towns in the Bridgeport Region also has a substantial Puerto Rican population. Bridgeport has 14,300 Puerto Ricans; Stamford, 3,600; Norwalk, 1,800; and Danbury, 1,100.

Economic Resources

Bridgeport section of the Coastal Plain, bordering on Long Island Sound, has been well known for water-based recreational activities, but the sharp increase in water-pollution is threatening the area's beaches and wildlife. The larger cities of the region, Bridgeport, Norwalk, and Stamford, lie on the coast. The relatively flat land of the Bridgeport Region, its location bordering the Sound, and its proximity to New York City have all contributed to the urban development of most of this region.

Traffic travels mostly east-west, as reflected by the location of the two major expressways along the coastline of the region, U.S. 1 and interstate highway I-95. East-west traffic on I-84 in the Danbury area is also heavy. Major north-south traffic is carried by U.S. 7 and

Connecticut Route 25. The locations of these two highways are expected to determine the routes of proposed expressways.

All but six towns in the region (Easton, Monroe, Ridgefield, Trumbull, Newtown, and New Fairfield) have passenger railroad service. All but three towns — Easton, Redding, and Weston — are linked by intrastate or interstate bus services. However, these less heavily populated towns which are not served by public transportation are liable to experience the heaviest population expansion because of the relative density in population of the cities of the region.

Just over half of the Bridgeport Region's non-agricultural labor force works in non-manufacturing occupations. The only substantial unemployment in the Bridgeport Region is in the city of Bridgeport. This problem is aggravated by the emigration of the white middle and lower classes and the immigration of Negroes from the deep South, Spanish-speaking people from Puerto Rico, Jamaicans, and Portuguese. Many of the immigrants coming into the area lack education, marketable skills, or long-range career goals, and are unaware of the community resources for self-help. The remainder of the Bridgeport Region is quite economically stable and has low unemployment. The manpower problem in the entire area is a shortage of qualified workers. There is a healthy growth of jobs in the region.

The forecast of manpower needs is mainly for technical, particularly electrical and electronics, workers, and for professional people, with emphasis on the scientic orientation. Some increased need is also forecast for those in the machine trades, skilled office people, and sales and service personnel. The demand for unskilled labor will continue to decrease.

Norwalk has an acute diversity in family income. Family income levels for about 23% of the population is under $5,000 per year, while around 34% of the population has a family income in excess of $10,000. The per capita income in the region as a whole is $3,955 per annum, which makes this region first in per capita income among the five regions in the State.

A summary of labor market information for the region follows, in Table 26 p.130.

Rehabilitative Resources

Classification of facilities. Table 15 p.73 shows the fifteen rehabilitation facilities in the Bridgeport Region which are reported in this study. Among these are four hospitals, three rehabilitation centers, four workshops, and four facilities classified as "Other". Of the four hospitals, one is a general hospital with a rehabilitation unit; the other three are primarily oriented toward rehabilitation. Two of the rehabilitation centers have workshops.

There are, in all, four independent workshops. One is a general workshop, and the other three are primarily concerned with the needs of the mentally retarded.

The facilities categorized as "Other" include (1) the Bridgeport Area Mental Health Association, (2) Park City Hospital, (3) United Cerebral Palsy Association, and (4) the Danbury Hospital.

Types of services offered. Table 19 p.83 shows that services in the Bridgeport Region are not as widely available as they are in the Hartford and New Haven Regions.

TABLE 26

BRIDGEPORT LABOR MARKET
JUNE 1968

	Employment				
	Manufacturing		Non-manufacturing		
TOWNS	Number	Percent	Number	Percent	Total
Bridgeport	78830	52	73340	48	152170
Danbury	14660	40	21940	60	36600
Norwalk	20720	45	25040	55	45760
Stamford	26330	35	49850	65	76180
Totals	140540	45	170170	55	310710

		Unemployment
Men	7670	Ratio to total employment: 4.9%
Women	6420	
Total	14090	

The Bridgeport District includes only six towns of the eight-town Bridgeport Labor Market Area. Therefore, the figures above reflect 86% of the Bridgeport labor market information which approximately describes the employment contained within these six towns of the Bridgeport District. The Bridgeport District includes only seven towns of the fourteen-town Danbury Labor Market Area. Therefore, the figures above reflect 90% of the Danbury labor market information, which approximately describes the employment contained within these seven towns of the Bridgeport District. Data are from the Connecticut State Employment Service for the quarter ending June 1968. Of the small percentage who do not work in the Bridgeport District, most of them, or roughly 10% of the Bridgeport District work force, commute to New York State. Approximately another 2% of the work force commute to the New Haven District for work.

The following services compare favorably to the State pattern: (1) physical and medical evaluation, (2) social services, (3) follow-up of discharged clients, (4) nursing care, and (5) general skill training.

Not as widely offered are the following: (1) physical therapy, (2) occupational therapy, (3) speech and hearing services, (4) medical consultation, (5) psychological services, (6) diagnostic and treatment services, (7) vocational evaluation, (8) prevocational and personal adjustment training, (9) determination of rehabilitation potential, (10) vocational counseling, (11) job placement, (12) extended employment, (13) psychiatric services, and (14) specific skill training.

In the Bridgeport Region, among those surveyed, only one facility in eight offers the following: physical therapy, psychological services, vocational evaluation, and extended employment. Only one facility in four offers occupational therapy, determination of rehabilitation potential, job placement, and psychiatric services. One facility in three offers prevocational and personal adjustment training. Only one of the fifteen facilities studied offers speech and hearing services, diagnostic and treatment services, orthotic fitting, and specific skill training.

Disabilities served. Table 20 suggests that the following disabilities are widely served in the Bridgeport Region: (1) orthopedic, (2) absence or amputation of members, (3) psychoneurotic disorders, (4) mild, moderate, and severe mental retardation, (5) epilepsy, (6) disorders of the nervous system, and (7) speech disabilities.

Disabilities less widely served include (1) blindness, (2) psychotic disorders, (3) alcoholism, (4) drug addiction, (5) other behavioral disorders, (6) cancer, (7) diseases of the blood, (8) cardiac conditions, (9) other circulatory conditions, and (10) digestive system disorders.

Client capacity. Table 21 indicates that the Bridgeport Region served 5,600 inpatients and more than 5,000 outpatients in the facilities surveyed during the last fiscal year. An average of 3,900 patients were served daily, although the facilities had a capacity of 4,200 clients per day.

Utilization. Table 22 shows that the Bridgeport Region ranks behind the New Haven, Waterbury, and Norwich Regions in utilization of facilities studied and, indeed, is below the State average. Only the Hartford Region ranks lower in utilization than the Bridgeport Region.

There are four facilities which have a capacity of 65 clients, or less. (See Table 16.) This means that one out of four facilities in this region may be characterized as small. These facilities are (1) the Stamford Training Workshop, with a capacity of 25 clients, (2) Society to Advance the Retarded Vocational and Sheltered Workshop - capacity 55, (3) Norwalk Hospital rehabilitation unit, whose capacity is 60 clients, and (4) the United Cerebral Palsy Association (capacity of 45 clients).

An analysis of each of the facilities studied follows.

State Workshops and
Rehabilitation Facilities Plan
INVENTORY
Form I
RSA-31 (revised)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Services
Rehabilitation Services Administration
Washington, D.C.

Form Approved
Budget Bureau No. 83-R059

State agency DIVISION OF VOCATIONAL REHABILITATION - BRIDGEPORT REGION #3

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Bridgeport	Fairfield	Bridgeport Area Mental Health Association	8	5	2	500, 510, 522, 530	10	68	Social Club for Social Rehabilitation of former mental patients			
Bridgeport	Fairfield	Goodwill Industries of Western Connecticut and Sheltered Workshop, Inc.	1	5	1	120-229, 532 400-449, 534 510-520 630-639 690-699	6, 8-12, 14, 15, 18, 20	237	60	175	175/355	49%
Bridgeport	Fairfield	Hillside Hospital	7	1	1	100-119, 630 300-399 600-609 670-689	1, 2, 4, 5, 8, 16, 18, 20	-	-	298	298/298	100%
Bridgeport	Fairfield	Kennedy Center	4	5	2	530-534	10, 11, 13, 14, 20	98	21	65	65/75	87%

Bridgeport Area Mental Health Association
BRIDGEPORT

It is anticipated that this center will be offering services, probably within a year or so. It is not presently in operation.

A Federal staffing grant may permit operations before the center is completed, and plans are under way to work with the Rehabilitation Center and Goodwill Industries.

This will be a sort of social club for the social rehabilitation of former mental patients.

Goodwill Industries of Western Connecticut
BRIDGEPORT

Readily accessible by public transportation, with runways and doorways proper for handicapped, this facility also has room for expansion of services. Expansion needs will be carried into trade training areas. Organization and administration is strongly centralized and ordered; the Board is representative of the community. The staff has very good relationships with clients, but some added training is needed in long range trade-oriented training as well as in handling of difficult cases -- e.g., emotional problems, epilepsy, alcohol. In brief, this is a good workshop with health, psychiatric, and social services to draw upon.

Hillside Home and Hospital
BRIDGEPORT

The Hillside Home and Hospital, while accessible and capable of expansion, is presently primarily concerned with the older individual who cannot be returned to employment. It does have physical therapy and medical supervision. The recreation program is excellent. No occupational therapy is available. In view of the nature of this hospital, its application to rehabilitation clients is limited; however, potential for future services seems possible.

Kennedy Center
BRIDGEPORT

This workshop for the mentally retarded offers a "production division" and a "service division." The morale of both staff and clients is high, and training is at a level suited to the needs and capabilities of retardates. There is a need for more parent counselling, psychiatric consultation, and easier transfer of clients from one division to another.

While the location is good from the standpoint of public transportation and parking facilities, there are problems in the building itself. There are many architectural barriers for the severely handicapped. In addition, the possibility of physical expansion is doubtful in the present facility.

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Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prog	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Bridge-port	Fairfield	Park City Hospital	8	5	1	500-510, 530 521 600-689	1, 2, 5, 7, 8	5544 14393 19937	-	General hospital with no rehabilitation unit		
Bridge-port	Fairfield	Rehabilitation Center of Eastern Fairfield County	2	5	1	120-449 639-644 650-659 680-689	1-8, 10, 15 -17	1664	-	85	85/?	
Bridge-port	Fairfield	United Cerebral Palsy Assoc. of Fairfield County, Inc.	8	5	1	300-399 530-534 680-689	1-8, 13, 15	170	4	40	40/45	89%
Danbury	Fairfield	Danbury Assoc. to Advance the Handicapped & Retarded, Inc.	3	5	2	200-449, 510 522-534 630-639 645-649 680-699	9-15, 18, 20	90	-	35 29 64	64/90	71%

Park City Hospital
BRIDGEPORT

Readily accessible by public transportation, this general hospital has no significant architectural barriers. Expansion of facilities is being undertaken. Physical therapy is available by contract but there is no occupational therapy at present. Other services are those to be expected of a general hospital with no specific emphasis on vocational rehabilitation problems as such.

Rehabilitation Center of Eastern Fairfield County
BRIDGEPORT

Built for the needs of the physically handicapped, this Center has no architectural barriers, and is easily reached by public transportation. In addition, the Center furnishes its own transportation to clients. There is room for expansion of the medical, therapeutic, and diagnostic services provided by an adequate number of trained, interested staff. Work adjustment service is limited to a few on-the-job items.

To recapitulate, this is an excellent multi-service rehabilitation center for the physically handicapped. It is near Bridgeport Hospital, and can call upon other agencies for the psychiatric and psychological services it does not have.

United Cerebral Palsy Association of Fairfield County
BRIDGEPORT

Readily accessible by public and Center-provided transportation, this facility is well constructed for the cerebral palsy patient, and contains no architectural barriers. Services are limited to the cerebral palsied, and cover diagnosis (medical and psychological), parent and patient counseling, physical therapy and occupational therapy, orthopedic-prosthetic evaluation and training, Pre-school and elementary education, social adjustment training for public school transfer. Expansion is doubtful; parking facilities are inadequate. Staff and consultants are excellent, but speech and hearing staff must be recruited. However, even with present recruitment difficulties, this is an effective diagnostic-treatment facility for the cerebral palsied only.

Danbury Association to Advance the Handicapped and Retarded
DANBURY

Transportation problems may limit the effectiveness of this workshop for the retarded. Physically well-constructed for handicapped persons, it has no discernable architectural barriers. Simple work evaluation, both bench and machine training, and subcontract work are among the services provided by a well-trained staff. Supportive services are lacking. Expansion is doubtful in the present location.

State Workshops and
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INVENTORY
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Washington, D.C.

Form Approved
Budget Bureau No. 83-R059

State agency DIVISION OF VOCATIONAL REHABILITATION - BRIDGEPORT REGION #3

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Danbury	Fairfield	Danbury Hospital	8	5	-	No data given; general hospital with no rehabilitation unit						
Green-wich	Fairfield	The Greenwich Hospital Assoc. - Dept. of Physical Medicine & Rehabilitation	6	5	1	200-399, 639 680-689	1-8, 15, 18, 19	1080 420 1500	0	30 35 65	65 100	65%
Newtown	Fairfield	Fairfield Hills Hospital	7	3	1	500-522 630-639	1-3, 5-9, 12, 13, 15, 18, 19	4215 1532 5747	0	2562 55 2617	2562 2562	100%

Danbury Hospital
DANBURY

Readily accessible by public transport and possessing no significant architectural barriers, the Danbury hospital is presently expanding. Physical therapy, psychiatric clinics, dialysis units, open heart surgery and possible transplant surgery are among the services available. There is at this time no occupational therapy offered, and there is only speech and hearing therapy for children.

This is a good general hospital, potentially of great value to rehabilitation efforts once the major problem of long waiting time has been overcome.

The Greenwich Hospital
GREENWICH

The Greenwich Hospital Association, Department of Physical Medicine and Rehabilitation includes among its services occupational therapy, physical therapy, speech and hearing, psychiatry, and a wide variety outpatient services. Its nursing school and other training facilities are also regarded very highly.

The hospital has suitable accessibility, and complete lack of architectural barriers. It is possible that future expansion will be feasible if some of the older buildings are to be replaced.

Fairfield Hills Hospital
NEWTOWN

Transportation to this State hospital is good; due consideration has been given to elimination of architectural barriers.

A wide variety of occupational therapy, physical therapy, work adjustment and work training is offered. Outside studies have indicated staff shortages in a number of areas.

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Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Norwalk	Fairfield	Society to Advance the Retarded Vocational & Sheltered Workshop	4	5	2	100-149, 510 522-534 630-639	3, 8-15, 20, 21	78	33	44	$\frac{44}{55}$	80%
Norwalk	Fairfield	Norwalk Hospital	6	5	1	300-499 600-619 639-659	1-3, 5-8, 11, 16-19	$\frac{400}{600}$ 1000	-	$\frac{25}{35}$ 51	$\frac{51}{60}$	85%
Stamford	Fairfield	Rehabilitation Center of Southern Fairfield County, Inc.	1	5	1	300-449, 522 500-510 650-659, 639 680-699	1-6, 8-10, 12-16, 20	690	43	90	$\frac{90}{150}$	60%

S.T.A.R.
Society to Advance the Retarded Vocational and Sheltered Workshop
NORWALK

While not readily accessible by public transportation, this facility provides its own transportation to clients, and has no real architectural barriers. Relocation of the facility, soon to happen, will make further expansion possible.

Work evaluation, personal adjustment and dexterity training in the workshop are included in the services, as well as sheltered employment. Judging by the successes of clients referred, and by the smooth running of the operation, the staff is highly efficient; relationships with clients are relaxed and supportive. It is possible to send clients with other disabilities to STAR if they may benefit from the service. In brief, this is a workshop with good employment-oriented services, although it lacks programs geared to specific occupational skills.

Norwalk Hospital
NORWALK

Easy accessibility, relative lack of architectural barriers, and the possibility of expansion make this general hospital a potentially good resource. While physical therapy is the one outpatient and inpatient resource for the physically handicapped, a check with the hospital staff indicates a developing psychiatric program with a small day care facility offering recreational therapy, occupational therapy, group therapy and social service. Outpatient services are relatively good, also. To summarize, while this hospital is in need of strengthening services for the physically handicapped, the growth of its psychiatric efforts is most encouraging.

Rehabilitation Center of Southern Fairfield County
STAMFORD

One of the best equipped, most modern, most readily accessible facilities in Connecticut, this center was built to eliminate architectural barriers. Room for future expansion is available on the site. Well-staffed departments offer physical therapy, occupational therapy, speech, sheltered shop, pre-vocational evaluation, prosthetic appliances, training in building and repair, and a respiratory unit for emphysema relief. Training in occupational skills is being developed, Social Service is available, but could be strengthened. Generally speaking, this is a well developed center with excellent and broad services for a variety of handicapping conditions.

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Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Stamford	Fairfield	Stamford Hospital				Do not have a workshop and do not plan on having one.						
Stamford	Fairfield	Stamford Training Workshop	4	5	3	530-534	8-10 12-15, 20	91	12	65	65/25	260%
Trumbull	Fairfield	Saint Joseph's Manor	7	6	1	300-449 600-629 640-679	1-8, 11, 16, 18-20	349	-	284	284/285	100%

Stamford Hospital

STAMFORD

Readily accessible by public transportation, this general hospital has no significant architectural barriers. There is room for expansion of facilities.

The staff operates at a high level of efficiency, particularly in outpatient clinics, and has made impressive efforts to assist the local rehabilitation staff. While speech therapy is obtained in the community, and there is no occupational therapy in the hospital, the physical therapy department is outstanding. Training is offered for registered nursing, practical nursing or nurses'aide. While psychiatric treatment is available, the unit is perhaps overcrowded. In summation, this is a good hospital, most cooperative with Vocational Rehabilitation.

Stamford Training Workshop

STAMFORD

The Stamford Training Workshop offers services of high quality prevocational and personal adjustment training, as well as in reading, speech, sheltered shop, and placement. An added feature is a good recreational program, bowling, swimming, which gives retardates social assets and assurance. The staff is well-trained, experienced, and interested. In general, this is an excellent workshop for the retarded, with possibility of admitting other groups (emotionally handicapped, public offenders, epileptics) when space permits.

The workshop is readily reached by bus; there are no limiting architectural barriers; expansion in the future is quite possible.

Saint Joseph's Manor

TRUMBULL

While this is an excellent facility, with physical therapy, occupational therapy, recreational services, remotivation services, and transportation of all kinds,it does not appear to be significantly relevant to vocational rehabilitation efforts. There is potential for expansion, easy access to shopping areas, and a high quality program for the chronically ill. However, because of the quality of service, most of this facility is taken by the elderly. Consequently, it is not regarded as presently significant for rehabilitation clients. The potential for service for those accepted is regarded as great.

The Waterbury Region

The Waterbury Region lies entirely within the area of the Western Uplands. (See Figure 7 p.145.) The area is heavily forested and its many hills and valleys encompass some of the State's most scenic landscapes. The Western Uplands slope from a 2,000-foot elevation in Salisbury and Canaan to the State's southern shore.

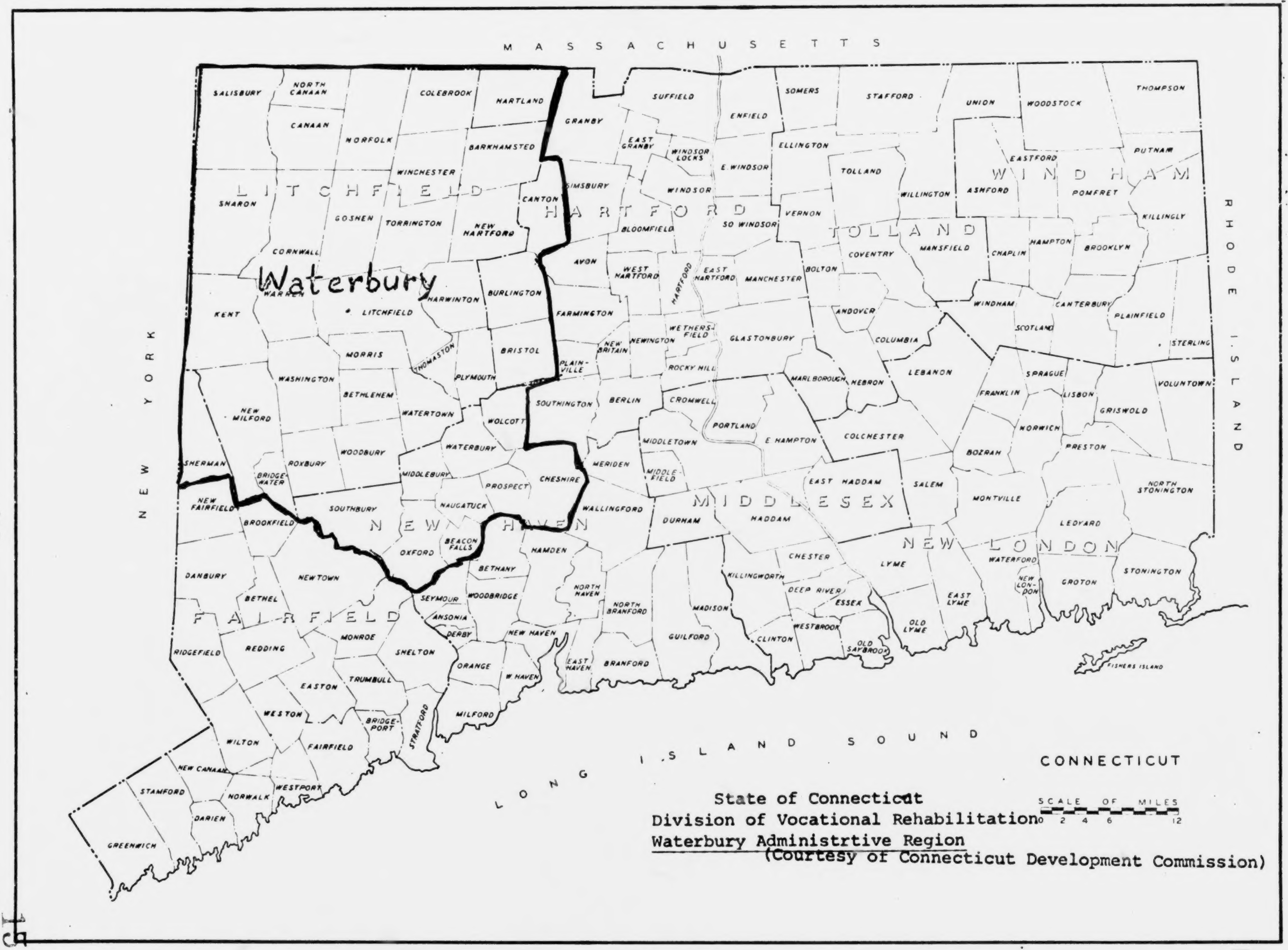
The rocky nature of much of the land, and the steepness of the terrain have limited widespread urban development, confining it principally to the valley areas close to the Housatonic and Naugatuck Rivers and their tributaries.

Demographic Resources

Table 2 shows that, in 1967, the Waterbury Region had 382,180 persons, or 13% of the Connecticut population. By 1975, it is expected that population will have increased by 94,792 persons to a total of 476,972. Table 3 shows that by 1980 the population of this region will be approximately 536,221 persons, accounting for 15% of the State's population. This region is growing faster than any other in the State, and considerably faster than the State as a whole.

In terms of the measurement of urbanization used in this study, the Waterbury Region is less urbanized than any of the other regions except Norwich. Table 4 shows that only a little more than one-fifth of its cities and towns had over 10,000 people, whereas almost four-fifths, or 78% had population under 10,000.

The largest change in population density in the Waterbury region occurred in Bristol. Some of the more outlying towns of the Waterbury area


MASSACHUSETTS
RHODE ISLAND
NEW YORK
LONG ISLAND SOUND
CONNECTICUT
SCALE OF MILES
0 2 4 6 12
Waterbury
LITCHFIELD
HARTFORD
TOLLAND
WINDHAM
NEW HAVEN
MIDDLESEX
NEW LONDON
FAIRFIELD
SALISBURY
NORTH CANAAN
CANAAN
COLEBROOK
NORFOLK
HARTLAND
BARKHAMSTED
WINCHESTER
SHARON
GOSHEN
TORRINGTON
NEW HARTFORD
CANTON
CORNWALL
WARREN
LITCHFIELD
HARWINTON
BURLINGTON
KENT
MORRIS
THOMASTON
BRISTOL
WASHINGTON
BETHLEHEM
PLYMOUTH
NEW MILFORD
WATERTOWN
WOLCOTT
WATERBURY
SHERMAN
ROXBURY
WOODBURY
MIDDLEBURY
PROSPECT
CHESHIRE
BRIDGEWATER
NEW FAIRFIELD
SOUTHBURY
NAUGATUCK
BROOKFIELD
OXFORD
BEACON FALLS
DANBURY
NEWTOWN
BETHEL
SEYMOUR
ANSONIA
DERBY
RIDGEFIELD
REDDING
MONROE
SHELTON
EASTON
TRUMBULL
WESTON
BRIDGEPORT
STRATFORD
WILTON
FAIRFIELD
NEW CANAAN
WESTPORT
STAMFORD
NORWALK
DARIEN
GREENWICH
GRANBY
SUFFIELD
ENFIELD
SOMERS
STAFFORD
UNION
WOODSTOCK
THOMPSON
EAST GRANBY
WINDSOR LOCKS
E. WINDSOR
ELLINGTON
TOLLAND
EASTFORD
PUTNAM
SIMSBURY
WINDSOR
WILLINGTON
ASHFORD
POMFRET
BLOOMFIELD
SO WINDSOR
VERNON
KILLINGLY
AVON
WEST HARTFORD
HARTFORD
EAST HARTFORD
MANCHESTER
BOLTON
COVENTRY
MANSFIELD
CHAPLIN
HAMPTON
BROOKLYN
FARMINGTON
ANDOVER
WINDHAM
CANTERBURY
PLAINFIELD
NEW BRITAIN
NEWINGTON
WETHERSFIELD
GLASTONBURY
COLUMBIA
SCOTLAND
STERLING
PLAINVILLE
ROCKY HILL
MARLBOROUGH
HEBRON
LEBANON
SPRAGUE
SOUTHINGTON
BERLIN
CROMWELL
FRANKLIN
LISBON
GRISWOLD
VOLUNTOWN
PORTLAND
NORWICH
MERIDEN
MIDDLETOWN
E HAMPTON
COLCHESTER
PRESTON
MIDDLEFIELD
BOZRAH
EAST HADDAM
SALEM
MONTVILLE
NORTH STONINGTON
WALLINGFORD
DURHAM
HADDAM
LEDYARD
HAMDEN
BETHANY
WOODBRIDGE
CHESTER
LYME
WATERFORD
NEW LONDON
GROTON
STONINGTON
NORTH HAVEN
NORTH BRANFORD
MADISON
KILLINGWORTH
DEEP RIVER
ESSEX
EAST LYME
NEW HAVEN
ORANGE
W. HAVEN
EAST HAVEN
BRANFORD
GUILFORD
CLINTON
WESTBROOK
OLD SAYBROOK
OLD LYME
FISHERS ISLAND
MILFORD
BM 2

State of Connecticut
Division of Vocational Rehabilitation
Waterbury Administrtive Region
(Courtesy of Connecticut Development Commission)

FIGURE 7

TABLE 27

POPULATION ESTIMATES
WATERBURY REGION

TOWNS	1967 Estimated Population	1966 Population Density per sq. mi.	1960-1966 Change in Population Density
Barkhamsted	1,800	46.4	10.3
Beacon Falls	3,400	326.7	39.6
Bethlehem	1,700	87.2	10.3
Bridgewater	1,200	74.5	+ 18.0
Bristol	53,200	1,915.1	+236.2
Burlington	3,400	106.1	+ 16.1
Canaan	830	25.6	+ 1.8
Canton	6,100	221.4	+ 38.2
Cheshire	15,753	485.2	+ 59.0
Colebrook	960	25.9	+ 2.3
Cornwall	1,100	23.6	0
Goshen	1,500	31.7	+ 2.3
Hartland	1,200	32.7	+ 3.0
Harwinton	4,100	130.7	+ 22.9
Kent	1,700	35.1	0
Litchfield	7,500	131.9	+ 22.5
Middlebury	5,800	311.1	+ 44.4
Morris	1,700	96.6	+ 28.4
Naugatuck	21,800	1,277.1	+102.4
New Hartford	3,600	88.7	+ 8.1
New Milford	11,600	172.4	+ 43.2
Norfolk	2,000	43.2	+ 4.0
North Canaan	2,800	138.6	- 1.8
Oxford	4,200	125.4	+ 24.5
Plymouth	9,800	443.4	+ 37.0
Prospect	5,500	364.9	+ 67.6
Roxbury	1,400	48.0	+ 14.4
Salisbury	3,900	66.8	+ 10.2
Sharon	2,100	36.4	+ 1.7
Sherman	1,100	42.6	+ 77.0
Southbury	6,519	146.5	+ 18.8
Thomaston	6,900	540.8	+ 57.1
Torrington	31,200	806.7	+ 23.5
Warren	790	25.9	+ 4.0
Washington	3,000	77.7	+ 10.3
Waterbury	107,900	3,916.7	+ 35.2
Watertown	17,300	562.3	+ 62.8
Winchester	11,100	318.1	+ 19.9
Wolcott	12,000	546.3	+107.3
Woodbury	5,100	132.4	24.3
Percentage of State Total	.13		

such as Kent, Sharon, and Cornwall, showed little if any population increases. Of the major population centers in Connecticut, Waterbury has the smallest percentage of Negroes (10.7%), in contrast to Hartford (27.9%), Bridgeport (18.4%), New Haven (24.1%), and New London (11.6%). The Puerto Rican population in the city of Waterbury is approximately 3%.

Economic Resources

Interstate highway I-84 and Connecticut Route 8 are the only major express highways in the Waterbury Region, although additional significant north-south traffic is handled by U.S. 7 and Connecticut Routes 10 and 25, and east-west traffic is carried by U.S. 6, 44, 202, and Connecticut Routes 4 and 72. Because of the geographical location, on the periphery of the State's major traffic corridors, the Waterbury Region accommodates little of the interstate travel which passes through Connecticut. There is almost no public transportation between towns in this region, and public transportation in the city of Waterbury is limited, thus making it difficult for the economically disadvantaged to commute to places of employment. A similar situation exists in some other parts of the Waterbury Region, particularly in Bristol.

More than 50% of employment in the Waterbury Region is in manufacturing, particularly in metal-working. This fact reflects a long history of mill-type industries in this area. Per capita income, which is estimated at $2,934 annually, is relatively low in comparison to other regions.

A summary of labor market information is shown for this region in Table 28 p. 148.

TABLE 28

WATERBURY LABOR MARKET
JUNE 1968

	Employment				
	Manufacturing		Non-manufacturing		
TOWNS	Number	Percent	Number	Percent	Total
Bristol	10460	57	8030	43	18490
Torrington	11020	45	13500	55	24520
Waterbury	41850	52	37880	48	79730
Totals	63330	52	59410	48	122740

Unemployment		
Men	3960	Ratio to total employment: **6.9%**
Women	4830	
Total	8790	

Connecticut State Employment Service. Data are for quarter ending June 30, 1968.

The Waterbury District includes 7 towns of the Danbury Labor Market Area. The figures above reflect 10% of the Danbury Labor Market information, which approximately describes the employment contained within these towns of the Waterbury district.

Rehabilitative Resources

Classification of facilities. Table 15 shows that the Waterbury Region is the smallest among the five regions of the State, in terms of the number of facilities. Only nine facilities are reported in this study. These included four hospitals, one rehabilitation center with workshop, one general workshop, one workshop oriented to the needs of the mentally retarded, and two schools. The schools are the Southbury Training Center and the Treatment Center of United Cerebral Palsy Association of the Greater Waterbury Area.

Type of services offered. The Waterbury Region rates low in terms of the quantity of rehabilitation services offered, considering the extensive area of the region, which means that many clients must travel considerable distances to the rehabilitation facilities. Table 19 shows that the only services widely offered are the following: (1) physical and medical evaluation, (2) social services, (3) follow-up of discharged clients, and (4) general skill training. This is in marked contrast to the other regions.

The other services which are usually a part of a good program of rehabilitation are not widely offered. For example, the following services are not offered at all by the facilities included in this study: (1) vocational evaluation, (2) prevocational and personal adjustment, (3) vocational counseling, (4) job placement, (5) extended employment, and (6) orthotic fitting.

Disabilities served. The following disabilities receive the widest range of services: (1) orthopedic, (2) psychotic disorders, (3) other behavioral disabilities, (4) mild and moderate mental retardation, and (5) epilepsy. The remainder are much less well served.

Client capacity Table 21 shows that the facilities surveyed in the Waterbury Region served approximately 3,000 persons, including both inpatients and outpatients, during the last fiscal year. These facilities, which have an average daily capacity of 2,300, served on the average about 2,200 clients per day.

Utilization. Table 21 shows that the facilities studies in this region are being utilized at 96% of capacity.

Almost half of these facilities have a capacity of less than 65 persons. Most of the rehabilitation work done in the region last year was done by three facilities, (1) Southbury Training Center, (2) St. Mary's Hospital in Waterbury, and (3) the Easter Seal Rehabilitation Center in Waterbury.

An analysis of the individual facilities studied follows.

State Workshops and
Rehabilitation Facilities Plan
INVENTORY
Form I
RSA-31 (revised)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Services
Rehabilitation Services Administration
Washington, D.C.

Form Approved
Budget Bureau No. 83-R059

State agency DIVISION OF VOCATIONAL REHABILITATION - WATERBURY REGION #4

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Bristol	Hartford	Bristol Hospital				No rehabilitation at present; future plans may include.						
Sharon	Litchfield	Sharon Hospital				No Department of Physical Medicine or organized outpatient department. Employs one full-time registered physical therapist.						
Southbury	New Haven	Southbury Training School	5	2	1	522-534, 630	1-20	1991	0	1961	1961/1980	99%
Waterbury	New Haven	Saint Mary's Hospital	6	-	-	300-449 640-644 645-649 690-699	1-5, 7, 8, 11, 15-20	778 300 1078	0	54	54/83	65%
Torrington	Litchfield	The Charlotte Hungerford Hospital	6	5	1	300-399 500-510, 522 600-629 639-679	1-3, 5-8, 18, 19	Data not given for Physical Medicine Dept.				

Bristol Hospital
BRISTOL

Centrally located, the Bristol Hospital is accessible by public transportation. A major addition to the hospital was recently completed, and the hospital now has a capacity of 290 beds. It offers physical therapy facilities, but only for those in the hospital.

Sharon Hospital
SHARON

The Sharon Hospital is a small general hospital which does not have a Department of Physical Medicine, or an organized outpatient department. It does employ a full time physical therapist.

Southbury Training School
SOUTHBURY

The Southbury Training School is located in the southwestern portion of the State, on approximately 1600 acres of land, a portion of which is farmed. There are many cottages on the site, and play facilities convenient to them.

The Southbury Training School concerns itself primarily with the mentally retarded. Its clients are drawn from the entire State. There was, at the time of the study, a list of about 100 waiting to enter the facility. There is an indication of need for a study of personnel needs for the future.

Saint Mary's Hospital
WATERBURY

This is a general hospital sponsored by the Catholic Church. Located centrally, it is easily accessible by public transportation. There is a Department of Physical Medicine situated in the basement of the building.

Charlotte Hungerford Hospital
TORRINGTON

This is a general hospital with a physical therapy department. It offers medical and social service and has a psychiatric clinic.

The facility is accessible by public transportation, and has room for future expansion on its present site.

State Workshops and
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State agency DIVISION OF VOCATIONAL REHABILITATION - WATERBURY REGION #4

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Torrington	Litchfield	Lark Industries	3	5	2	100-119 300-399 500, 522-534 630	8-15	39	20	26	26/40	65%
Waterbury	New Haven	Treatment Center of United Cerebral Palsy of the Greater Waterbury Area, Inc.	5	5	2	300-399 530-534 630, 680-699	1-8, 16	113	3	23	23/36	64%
Waterbury	New Haven	Easter Seal Rehabilitation Center	1	5	3	200-449 500-520 522-532 630-639 680-689	1-5, 8-15, 20	467	100	70	70/100	70%

Lark Industries

TORRINGTON

Lark Industries provides a general workshop setting for a varied selection of disability groups. It is centrally located in Torrington, with easy access by public transportation. Although the physical plant was built more than forty years ago, it has been recently renovated, and is in good condition.

The workshop is run on a friendly home-like basis with minimal pressure on clients. Some work evaluation is performed, and there is training in occupational skills, most of the work is benchwork assembly type.

Treatment Center of United Cerebral Palsy of the Greater Waterbury Area

WATERBURY

As of the date of this study, the program for this facility is largely for pre-school children. There is no pre-vocational program.

Waterbury Area Easter Seal Rehabilitation Center

WATERBURY

The Waterbury Area Easter Seal Rehabilitation Center occupies a new building, about two years old. The basement houses a growing workshop facility. The facility offers physical therapy, occupational therapy, and work adjustment training. Though it is on the outskirts of the city, it is easily reached by public transportation. The Center also has some transportation of its own.

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State agency DIVISION OF VOCATIONAL REHABILITATION - WATERBURY REGION #4

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Waterbury	New Haven	Waterbury Association for Retarded Children Vocational Training Center & Sheltered Workshop	4	5	3	100-119 200-219 500-510 522-534 630, 680-689	1, 3, 4-15, 20, 21	265	3	43	$\frac{43}{55}$	78%
Waterbury	New Haven	Waterbury Hospital Psychiatric Clinic	6	5	1	500, 510, 521, 522	6-8, 19	449	-	30	$\frac{30}{33}$	91%
Winsted	Litchfield	Anna Hadley Hakes Memorial Clinic, Inc.	6	5	1	300-449 645-649	2, 15	$\frac{24}{21}$ / 45	-	$\frac{5}{2}$ / 7	$\frac{7}{10}$	70%

Waterbury Association for Retarded Children
Vocational Training Center and Sheltered Workshop
WATERBURY

This is a vocational training center and sheltered workshop. It emphasizes psychological, social, and vocational evaluation. The clients are generally in the 20-35 year age group. There are five full-time staff members, and ten part-time personnel.

Waterbury Hospital Psychiatric Clinic
WATERBURY

The Waterbury Hospital is a general hospital with a psychiatric clinic. It serves both men and women. The hospital provides psychological, psychiatric, and social services. There is, at present, no plan for future expansion of the facility.

The Anna Hadley Hakes Memorial Clinic
WINSTED

The Anna Hadley Hakes Memorial Clinic is a general hospital with a rehabilitation unit. Since there is no public transportation in this area, and the hospital does not provide any of its own, it is difficult to reach except by private car. There are many architectural barriers which would make it difficult for a handicapped person to move about.

The Norwich Region

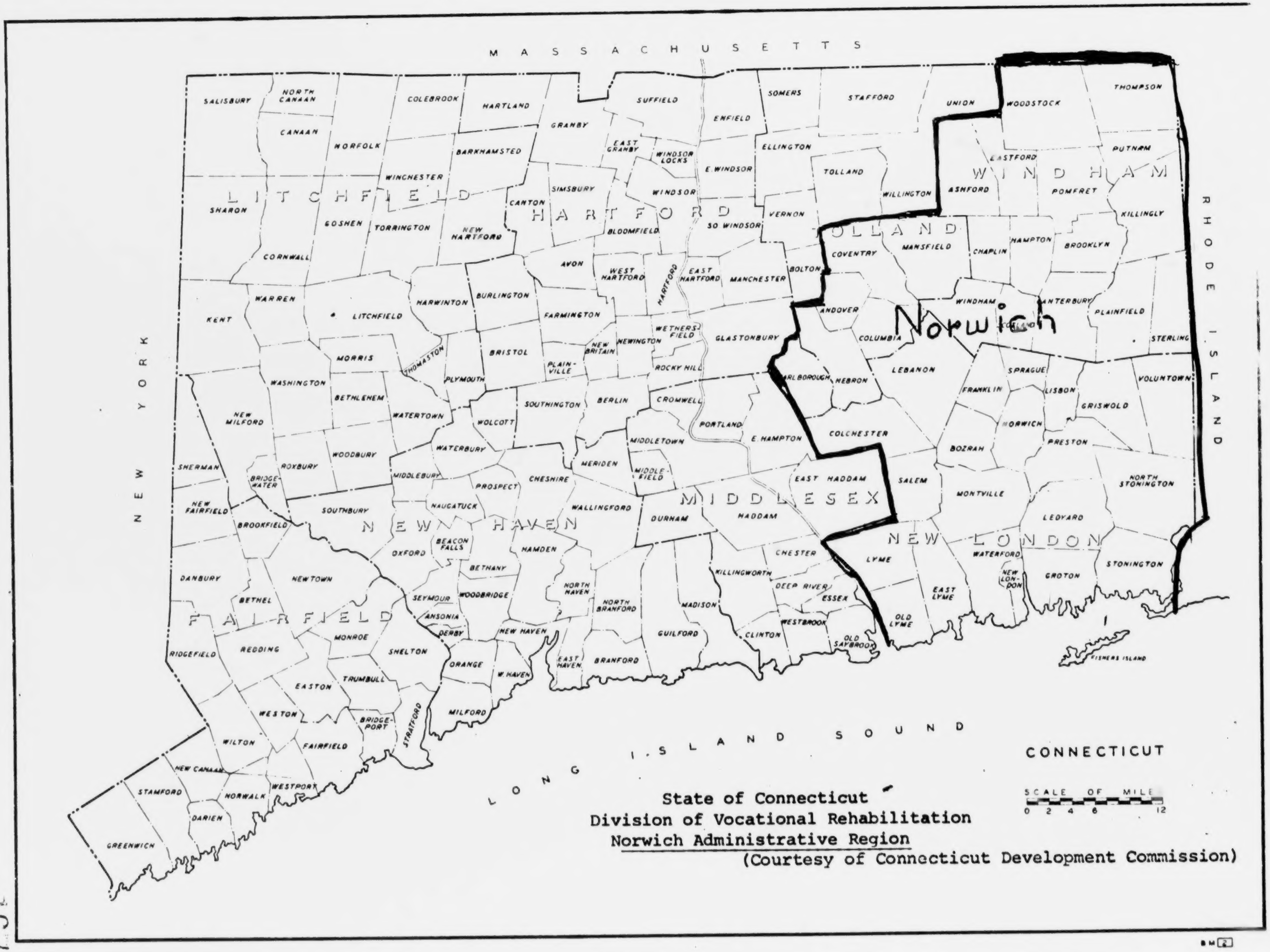
Except for the coastal towns, the Norwich Region falls within the geographical region termed the Eastern Uplands. (See Figure 8 p.158.) From an elevation of 1,000 feet near the Massachusetts boundary, these rolling hills slope southward to the shores of Long Island Sound. In general, the area is densely wooded, containing hundreds of small ponds and lakes which are a remnant of the Ice Age. Most of the urban development is located in the valleys of the Thames, Quinebaug, and Shetucket Rivers. The coastal towns are on the Coastal Plain which extends from Greenwich to Pawcatuck. Roughly 75 of the 253 miles of irregular shoreline on the Coastal Plain lie within the Norwich Region. This area is nationally known for sport as well as commercial fishing and lobstering, and is dotted with public and private salt-water beaches.

Demographic Trends

Table 2 shows that, of all the regions in Connecticut, the Norwich Region has the smallest population. In 1967, this region had an approximate population of 332,510 which, by 1975, will have increased by about 67,944 to a total of 400,454. In 1967 this region had only 11% of the total State population. Table 3 shows that, by 1980, the region will have a population of about 442,920, about 12% of the Connecticut population.

Not only is the Norwich Region the smallest as to population, but it will remain so, even though it is expected to grow by one-third in the thirteen-year period between 1967 and 1980.

It is also the most rural of the five regions. Table 4


MASSACHUSETTS
RHODE ISLAND
NEW YORK
LONG ISLAND SOUND
CONNECTICUT
SCALE OF MILES
0 2 4 6 12
Norwich
LITCHFIELD
HARTFORD
TOLLAND
WINDHAM
MIDDLESEX
NEW HAVEN
NEW LONDON
FAIRFIELD
SALISBURY
NORTH CANAAN
CANAAN
COLEBROOK
NORFOLK
HARTLAND
BARKHAMSTED
WINCHESTER
GRANBY
SUFFIELD
EAST GRANBY
WINDSOR LOCKS
ENFIELD
SOMERS
STAFFORD
UNION
WOODSTOCK
THOMPSON
PUTNAM
EASTFORD
ASHFORD
POMFRET
KILLINGLY
ELLINGTON
E. WINDSOR
TOLLAND
WILLINGTON
SHARON
GOSHEN
TORRINGTON
NEW HARTFORD
CANTON
SIMSBURY
WINDSOR
BLOOMFIELD
SO WINDSOR
VERNON
COVENTRY
MANSFIELD
CHAPLIN
HAMPTON
BROOKLYN
CORNWALL
AVON
WEST HARTFORD
HARTFORD
EAST HARTFORD
MANCHESTER
BOLTON
ANDOVER
COLUMBIA
WINDHAM
CANTERBURY
PLAINFIELD
STERLING
KENT
WARREN
LITCHFIELD
HARWINTON
BURLINGTON
FARMINGTON
WETHERSFIELD
GLASTONBURY
HEBRON
LEBANON
MARLBOROUGH
SPRAGUE
FRANKLIN
LISBON
GRISWOLD
VOLUNTOWN
MORRIS
THOMASTON
BRISTOL
PLAINVILLE
NEW BRITAIN
NEWINGTON
ROCKY HILL
WASHINGTON
BETHLEHEM
PLYMOUTH
NEW MILFORD
WATERTOWN
WOLCOTT
SOUTHINGTON
BERLIN
CROMWELL
PORTLAND
E. HAMPTON
COLCHESTER
NORWICH
BOZRAH
PRESTON
ROXBURY
WOODBURY
WATERBURY
MIDDLETOWN
MIDDLEFIELD
MERIDEN
SHERMAN
BRIDGEWATER
MIDDLEBURY
PROSPECT
CHESHIRE
EAST HADDAM
SALEM
MONTVILLE
NORTH STONINGTON
NEW FAIRFIELD
BROOKFIELD
SOUTHBURY
NAUGATUCK
WALLINGFORD
DURHAM
HADDAM
LEDYARD
BEACON FALLS
OXFORD
HAMDEN
CHESTER
LYME
WATERFORD
GROTON
STONINGTON
DANBURY
NEWTOWN
BETHANY
SEYMOUR
WOODBRIDGE
NORTH HAVEN
NORTH BRANFORD
KILLINGWORTH
DEEP RIVER
ESSEX
EAST LYME
NEW LONDON
BETHEL
ANSONIA
DERBY
MADISON
MONROE
NEW HAVEN
GUILFORD
CLINTON
WESTBROOK
OLD SAYBROOK
OLD LYME
FISHERS ISLAND
RIDGEFIELD
REDDING
SHELTON
ORANGE
EAST HAVEN
BRANFORD
W. HAVEN
EASTON
TRUMBULL
WESTON
BRIDGEPORT
STRATFORD
MILFORD
WILTON
FAIRFIELD
NEW CANAAN
WESTPORT
STAMFORD
NORWALK
DARIEN
GREENWICH

State of Connecticut
Division of Vocational Rehabilitation
Norwich Administrative Region
(Courtesy of Connecticut Development Commission)

FIGURE 8

TABLE 29

POPULATION ESTIMATES
NORWICH REGION

TOWNS	1967 Estimated Population	1966 Population Density per Sq. Mi.	1960-1966 Change in Population Density
Andover	2,100	125.0	+ 16.9
Ashford	1,700	39.2	+ 7.0
Bozrah	2,000	100.5	+ 20.1
Brooklyn	4,900	166.7	+ 51.7
Canterbury	2,500	63.3	+ 16.3
Chaplin	1,600	77.2	+ 13.5
Colchester	5,500	115.7	+ 16.6
Columbia	3,100	126.6	+ 27.1
Coventry	8,300	212.2	+ 43.6
Eastford	890	30.9	+ 5.0
East Lyme	9,820	274.2	+ 71.4
Franklin	1,100	56.1	+ 6.4
Griswold	7,100	205.7	+ 20.8
Groton	35,500	1,116.7	+167.2
Hampton	1,000	40.3	+ 2.6
Hebron	2,600	65.6	+ 16.4
Killingly	13,300	275.4	+ 36.1
Lebanon	3,600	62.4	+ 16.5
Ledyard	10,200	255.1	+114.8
Lisbon	2,700	143.7	+ 22.8
Lyme	1,600	42.3	+ 6.0
Mansfield	21,100	431.5	+136.7
Marlborough	2,300	96.5	+ 10.5
Montville	13,500	300.9	+118.0
New London	33,100	5,573.8	- 16.3
North Stonington	3,300	57.5	+ 21.6
Norwich	41,801	1,473.0	+ 97.8
Old Lyme	3,700	152.5	+ 21.1
Plainfield	10,700	241.8	+ 33.3
Pomfret	2,400	60.7	+ 4.8
Preston	5,156	166.0	+ 5.3
Putnam	8,500	323.0	- .5
Salem	1,300	45.3	+ 12.9
Scotland	920	44.7	+ 8.3
Sprague	2,600	204.3	14.3
Sterling	1,800	66.7	+ 17.6
Stonington	15,600	389.3	+ 33.1
Thompson	7,300	154.7	+ 19.3
Voluntown	1,300	33.0	+ 7.6
Waterford	17,529	524.9	+ 64.2
Windham	17,800	630.8	+ 28.9
Woodstock	4,400	72.8	+ 20.2
Percentage of State Total			

shows that, of the 42 towns and cities in this region, 31 (or 79%) had populations of under 10,000, while only 11 (or 21%) had populations of 10,000 or over. The rate of growth for this region is second only to that of the Waterbury Region.

The Norwich Region is characterized by large rural areas. Population densities are low except in the urban areas of Groton, New London, and Norwich. New London has actually experienced a decline in population density, as shown in Table 29, although, as is the case with other major population centers, there has been a sharp increase in the proportion of the Negro population (11.6% in 1968, as contrasted to 7.8% in 1960.) In Norwich, 3.3% of the population is Negro. Of the five administrative regions used by the Division of Vocational Rehabilitation, the Norwich Region is the one with the smallest percentage of Negroes and Puerto Ricans in its population.

Economic Resources

Traffic in the Norwich Region travels mostly east-west, as is reflected by the location of the major highways: interstate I-84, running northeast-southwest, adjacent to the northern part of the region, U.S. 1 and 195 in the southern end of the region, and U.S. 6, 6A, 44, and 44A in the central area. Major north-south traffic is carried by State Routes 2, 12, 32, 52, and 85.

A large majority of the residents of the region use automobile transportation for commuting. Also, more residents walk than ride buses. Although the Connecticut Interregional Planning Program has not published information about bus transportation particular to the Norwich Region, it is generally understood that the population patterns, at present, cannot support a sophisticated, regional rapid transit system.

Roughly 16% of the employees in the region are employed by government agencies. This is due in large degree to the many government installations located within the region, such as the University of Connecticut, Norwich State Hospitel, and the U.S. Submarine Base at Groton. Government employment is expected to increase as State and Federal agencies continue to expand. A significant portion of the labor force is employed in national, defense-oriented industry, and because of this the economy of the region is heavily dependent upon the Nation's defense budget.

Per capita income in this region is $2,584, which is the lowest annual per capita income of the five regions studied in this report.

A summary of labor market information follows.

Rehabilitative Resources

Classification of facilities. Table 15 shows that the Norwich Region has 12 reporting facilities in this study. Of these, four are hospitals, two rehabilitation centers, one a workshop, two are schools, and three facilities classified themselves as "Other."

Two of the hospitals have rehabilitation units and two are oriented primarily to rehabilitation. One of the rehabilitation centers has a workshop. There is another independent workshop oriented to the needs of the retarded. The two schools are the Mansfield Training Center and the John N. Dempsey Regional Center at Putnam, formerly known as the Putnam Regional Center.

Categorized as "Other" are the Connecticut State Farm for Women,

TABLE 30

NORWICH LABOR MARKET
JUNE 1968

TOWNS	Employment				
	Manufacturing		Non-manufacturing		
	Number	Percent	Number	Percent	Total
Danielson	11290	61	7070	39	18360
Norwich	6120	30	14370	70	20490
Willimantic	4380	27	11870	73	16250
New London	23480	46	27020	54	50500
Totals	45270	43	60330	57	105600

	Unemployment	
Men	3130	Ratio to total employment: 6.2%
Women	3480	
Total	6610	

Connecticut State Employment Service Data are for quarter ending June 30, 1968.

the Preston Work Activity Program, and the Seaside Work Activity Program.

Types of services offered. Like the Waterbury Region, this region does not offer a wide range of rehabilitation services, although the following are more readily available: (1) physical and medical evaluation, (2) medical consultation, (3) follow-up of discharged clients, (4) nursing care, (5) general and specific skill training.

Only one facility of the 12 studied in the region offers the following: (1) psychological services, (2) prevocational and personal adjustment training, (3) determination of rehabilitation potential, (4) extended employment, (5) prosthetic fitting, (6) orthotic fitting, and (7) psychiatric services.

Only about one out of every six facilities in the region offers the following services: (1) vocational evaluation, (2) vocational counseling, and (3) job placement.

Only one in four offers (1) speech and hearing services, (2) diagnostic and treatment services, and (3) social services. Occupational therapy and and physical therapy are offered by about one in three of the facilities studied.

Disabilities served. Disabilities which seem to be widely served are (1) blindness, (2) psychotic disorders, (3) psychoneurotic disorders, (4) other behavioral disabilities, (5) mild, moderate, and severe mental retardation, (6) epilepsy, and (7) speech impairments.

Disabilities which are not as widely served are (1) deafness, (2) other visual impairments, (3) alcoholism, (4) drug addiction, (5) cancer, (6) allergic conditions, (7) diseases of the blood .

Client capacity. The Norwich Region has a large client capacity, primarily because it has, located within its borders, several large State institutions which draw people from all over the State. Some of these are the Mansfield Training Center, Norwich Hospital, Uncas-on-Thames Hospital, and the Connecticut State Farm for Women.

Facilities studied in this region served, during the last fiscal year an average of approximately 7,000 clients daily, although they had a total capacity of about 7,400 clients daily.

Utilization. Table 22 shows that the facilities studied in the Norwich Region were utilized to about 95% of their capacity. Two of every five of these facilities are small, having a capacity of under 65 persons.

An analysis of the individual facilities studied follows.

State Workshops and
Rehabilitation Facilities Plan
INVENTORY
Form I
RSA-31 (revised)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Services
Rehabilitation Services Administration
Washington, D.C.

Form Approved
Budget Bureau No. 83-R059

State agency DIVISION OF VOCATIONAL REHABILITATION - NORWICH REGION #5

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Mansfield Depot	Tolland	Mansfield Training School	5	2	1	100-119 200-399 500-510 530-534 630, 680-689	1-15, 17-20	1697 125 1822	-	1636 125 1761	$\frac{1761}{1900}$	93%
New London	New London	Lawrence and Memorial Hospitals				General Hospital with no rehabilitation unit						
New London	New London	Preston Work Activity Program	8	2 & 5	1	100-149 500-510 522-534 630-639 680-689	1, 2, 4-15, 8-20	32	-	31	$\frac{31}{35}$	89%
Niantic	New London	Connecticut State Farm for Women	8	3	1	500-522	1, 3, 5-9, 12, 13, 18-21	1492	-	120 105 225	$\frac{120}{184}$	65%

Mansfield Training School
MANSFIELD DEPOT

The Mansfield State Training School serves eastern Connecticut, is concerned primarily with the retarded, but serving all exceptional children and adults, except gifted children. In addition, the school supervises nearly four hundred former inmates who have been rehabilitated for outplacement. Completely self-contained, Mansfield gives care, treatment, training, and rehabilitation.

Present on the grounds of the school is a fairly new two-story brick building which contains the Mansfield Parents Association Sheltered Workshop. There is no public transportation to this facility, but it is easily accessible by car. There are a few architectural barriers, but the ground floor is easily reached by ramp. The Mansfield Parents Association operates the workshop, and provides an excellent staff to meet present needs. However, if the facility should expand in the future, a larger staff will be needed.

Lawrence and Memorial Hospitals
NEW LONDON

This facility is a community hospital located near the center of New London, which is designed to meet the medical and emergency needs of a small community. It is accessible by auto and by public transportation. It is equipped with ramps and elevators, but is not equipped or staffed to provide comprehensive rehabilitative service. It provides physical therapy, inhalation therapy, and acute medical and surgical service.

The Preston Work Activity Program
NEW LONDON

The Preston Workshop, located in an old abandoned schoolhouse in a rural area of Preston, has been converted into a workshop for the retarded. This facility has no public transportation and is accessible only by auto. There are no ramps or elevators for non-ambulatory clients. The workshop is considering a new location nearer to transportation, and without architectural barriers if Federal funding is obtainable. It is owned and operated by the New London County Retarded Children's Association.

The Connecticut State Farm for Women
NIANTIC

The Connecticut State Farm for Women, a State operated penal institution for women, located in a rural area of East Lyme, is primarily responsible for incarceration. However, the administration and staff are rehabilitation oriented. Because of the 1918 architecture, there are many architectural barriers.

State Workshops and
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INVENTORY
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Budget Bureau No. 83-R059

State agency DIVISION OF VOCATIONAL REHABILITATION - NORWICH REGION #5

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Norwich	New London	Norwich Hospital	7	3	1	500, 510, 520, 521, 522	1-3, 5-15, 18-21	3370 2000 5370	-	1700 2000 3700	3700 3700	100%
Norwich	New London	Uncas-on-Thames Hospital	7	3	1	300-449 600-629 640-679 690-699	1-5, 7-9, 15-19	594 2674 3268	0	Data not given		
Norwich	New London	The William W. Backus Hospital Department of Physical Medicine	6	5	1	600-609 640-679	1, 2, 5, 7, 15-18	777	0	13 7 20	20 25	80%
Putnam	Windham	Day Kimball Hospital				No reply to questionnaire						

Norwich Hospital

NORWICH

Located on a secondary highway just south of Norwich, the Norwich Hospital is a State operated mental institution. Architecturally, the older buildings have barriers for non-ambulatory patients. However, the newer buildings provide for easy access for wheel chair patients both into the buildings and within the buildings, since there are ramps and elevators. Plans for physical expansion are uncertain, but there does remain a possibility of expansion of occupational therapy and pre-vocational facilities within the hospital itself. The occupational therapy facilities are present, but need a more positive program to be fully utilized.

Uncas-on the Thames

NORWICH

This facility is a State institution originally constructed for the care of tuberculosis patients. However, with the decrease in frequency of tuberculosis, it has been converted to a State operated hospital for child tuberculosis care, and care of the terminally ill of all ages. Located on the Thames River, on the outskirts of Norwich, it is accessible only by automobile via a secondary road. Buildings have been remodeled to remove architectural barriers, but expansion plans at this time are unknown.

The organizational staff includes medical and paramedical personnel, operating under the State Department of Health. Present services provided by the facility are physical therapy, medical treatment of surgery, cobalt treatment, x-ray, occupational therapy, and social services.

The William W. Backus Hospital

NORWICH

The William W. Backus Hospital is a general hospital with a rehabilitation unit. Its program emphasizes the medical. The hospital provides physical therapy, prosthetic fittings, and orthotic fittings.

Day Kimball Hospital

PUTNAM

This is a three-story brick hospital between 30 and 40 years old, located in the small eastern Connecticut town of Putnam. The facility is accessible by public transportation and presents no problems in architectural barriers for non-ambulatory patients. The hospital is primarily concerned with meeting the needs of the community for acute medical service and outpatient service. In addition, it houses a mental health outpatient clinic. The general feeling is that the physical therapy department should be expanded.

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State agency DIVISION OF VOCATIONAL REHABILITATION - NORWICH REGION #5

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Putnam	Windham	Putnam Regional Center	5	2	1	100-119 200-229 522-534 630, 680-689	1-3, 5, 6, 8-10, 12-15, 18, 20, 21	506	56	96	$\frac{96}{96}$	100%
Putnam	Windham	Putnam Regional Center Workshop	4	7	2	100-119 530-534, 630	1-15, 18-21	26	-	24	$\frac{24}{30}$	80%
Uncas-ville	New London	Easter Seal Center of Southeastern Connecticut	1	5	2	300-399, 510 522, 530, 639-649 690-699	1-3, 8-11, 13, 14, 15, 20, 21	308	55	35	$\frac{35}{45}$	77%
Water-ford	New London	Seaside Regional Center	1	2	2	100-149 500-510 522-534 630-639 680-689	1, 2, 4-15, 18-20	$\frac{?}{1060}$	8	$\frac{240}{820}$ 1060	$\frac{1060}{1155}$	92%

The John N. Dempsey Regional Center

PUTNAM

A State operated facility, under the jurisdiction of the State Department of Health, Office of Mental Retardation, the John N. Dempsey Regional Center is set up to provide comprehensive medical, vocational, recreational, and social services to the retarded in the Putnam area. Located on a hillside about three miles outside the city of Putnam, it is accessible by auto only. Transportation is also provided, to clients only, by the Center itself. Since it is of recent construction, there are no architectural barriers. More dormatories are in the planning stage, and a proposal is being made for a workshop to be located either on the grounds, or in the middle of town.

Putnam Regional Center Workshop

PUTNAM

This is the Quinebaug Valley Association Workshop, designed to meet the needs of the mentally retarded. The center emphasizes social and vocational rehabilitation. It provides a whole range of services, including physical therapy, occupational therapy, vocational evaluation, job placement.

Easter Seal Center

MONTVILLE

This facility is a private rehabilitation center, sponsored by the Easter Seal Association, located on a secondary highway easily accessible by public transportation. Being a newly constructed facility, it has no architectural barriers.

Although conceived as a comprehensive rehabilitation center, it offers primarily vocational evaluation and paramedical services such as physical therapy, occupational therapy, work adjustment, home work services, recreational services, social services and medical consultation. Depending on the availability of funds, expansion for a sheltered workshop is contemplated.

Seaside Regional Center

WATERFORD

The seaside Regional Center is a State owned and operated facility, under the direction of the Department of Health, Office of Mental Retardation. Located in the town of Waterford, and on the shore of Long Island Sound, it was formerly a tuberculosis hospital for children. It has no architectural barriers, and provides its own transportation for its clients.

Expansion is presently being promoted in the vocational rehabilitation area, with the addition of another Division of Vocational Rehabilitation counselor. More classrooms and cottages have recently been built.

State Workshops and
Rehabilitation Facilities Plan
INVENTORY
Form I
RSA-31 (revised)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Services
Rehabilitation Services Administration
Washington, D.C.

Form Approved
Budget Bureau No. 83-R059

State agency DIVISION OF VOCATIONAL REHABILITATION - NROWICH REGION #5

Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsor's interest in prop	Disability Groups Served	Services	No. of clients served last yr.	VR referrals last year	Average daily Caseload	Percentage of utilization	
City or Town	County											
2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d	
Water-ford	New London	**Seaside Work Activity Program**	8	2 & 5	1	100-149 500-510 522-534 630-639 680-699	1, 2, 4-15, 18-20	$\frac{17}{23}$ / 40	-	$\frac{12}{22}$ / 34	$\frac{34}{35}$	97%
Willi-mantic	**Windham**	**Windham Community Memorial Hospital**	6	5	1	300-399, 630 640-689	1-7, 16	**No**	**data**	**given**		

Seaside Work Activity Program
WATERFORD

This program is a part of the Seaside Regional Center. The work activity program is cooperatively sponsored by Seaside and the New London County Association for Retarded Children. The program services about thirty-five people.

Windham Memorial Community Hospital
WILLIMANTIC

A community hospital, this facility is located in the small city of Willimantic, and provides medical needs for acute and emergency cases. It is accessible by auto only, and provides no transportation of its own to clients. Services provided include physical therapy, occupational therapy and mental health clinic. There is no sign of plans for immediate expansion.

CHAPTER V

SUMMARY AND CONCLUSION

In the preceding chapter, the characteristics of the facilities and service needs in the individual regions of the State have been discussed. These can now be summarized, and the summary will then reflect the State's needs. The statement of these needs can be used to formulate a set of recommendations for which priorities can then be established.

The Hartford Region

The facilities surveyed in the Hartford region offer a relatively wide variety of services to a diverse group of disabled persons. The facilities in this region include several nationally known institutions such as the American School for the Deaf, which currently has a Laird amendment application for providing additional teaching staff at this facility , The Institute of Living and the Newington Children's Hospital. These institutions, because of their nature, however, do not serve many clients of the State Division of Vocational Rehabilitation. The second largest comprehensive rehabilitation facility in the State (The Hartford Rehabilitation Center, Inc.) is located in this region, and this facility will, in the near future, occupy a new building with expanded facilities and services.

There still remains, however, in the Hartford Region, the necessity to increase certain services:

1. Psychological and psychiatric
2. Vocational evaluation and counseling
3. Determination of vocational potential
4. Prevocational and personal adjustment
5. Extended employment
6. Job placement
7. Specific skill training

As an indication of the need in the Hartford Region, it is significant that clients from the Hartford Region are bussed frequently to the Springfield, Massachusetts Goodwill facility.

The facilities and expanded facility capacities recommended for the

Hartford Region are:

1. An additional comprehensive rehabilitation facility with primary emphasis on the full range of vocational training services

2. Expansion of the rehabilitation units in the general hospitals in this region

3. Increase of the physical space, professional staff, and the range of services offered by the smaller facilities. These smaller facilities constitute a significant portion of the rehabilitation facilities in the region, and provide significant amounts of services to vocational rehabilitation clients

4. Examination by the established centers of the possibilities of operating satellite centers in adjacent geographic areas

The New Haven Region

The facilities surveyed in the New Haven Region offer a wide variety of services to the disabled. Among the larger facilities in this area are the Yale-New Haven Hospital, Gaylord Hospital in Wallingford, and the Easter Seal-Goodwill Industries Center in New Haven. The latter institution furnished services to more than 230 clients referred to it by the Division of Vocational Rehabilitation in 1968 and currently has pending an application for a grant.

Services offered to disabled persons in this region should be increased, particularly those relating to:

1. Occupational therapy
2. Psychological services
3. Diagnosis and treatment
4. Vocational evaluation
5. Determination of rehabilitation potential
6. Vocational counseling and job placement
7. Extended employment
8. Specific skill training

The new facilities and expansion of existing facilities recommended for this region should include:

1. The addition of two comprehensive rehabilitation facilities which are primarily vocationally oriented
2. The addition of another rehabilitation center without a workshop
3. The expansion of rehabilitation facilities or units in the general hospitals
4. The increase of physical space, professional staff, and the range of services offered by the smaller facilities in this region

The Bridgeport Region

Among the most effective types of rehabilitation services are those given by rehabilitation centers and workshops. The rehabilitation center is, by design, a facility which can offer a wide range of services to the handicapped individual. It is prepared to be individually concerned with the physical, psychological, and social aspects of a handicapped person's development. The workshop is, by its nature, prepared to serve the economic, psychological, educational and social needs of the handicapped person.

Many of the 15 facilities in this study of the Bridgeport area are rehabilitation centers and workshops. This region has the largest client capacity serving primarily residents of the region. Among the facilities providing substantial amounts of services to rehabilitation clients are: The Society to Advance the Retarded Vocational and Sheltered Workshop, the Rehabilitation Center of Southern Fairfield County, Inc., and the Goodwill Industries of Western Connecticut and Sheltered Workshop, Inc. of Bridgeport. This latter facility recently expanded its physical plant and currently has pending an application for a grant.

Despite these facilities, however, there are certain types of rehabilitation services which are not widely provided. The following are illustrative of service needs in this region:

1. Physical therapy
2. Occupational therapy
3. Speech and hearing
4. Psychological services
5. Vocational evaluation
6. Diagnosis and treatment
7. Determination of rehabilitation potential
8. Vocational counseling
9. Job placement
10. Psychiatric services

The additional facilities to provide the needed services in the Bridgeport region should include:

1. The establishment of two additional rehabilitation facilities in this region.

2. The expansion of rehabilitation facilities and units in the general hospitals.

3. The establishment of satellite facilities by the larger rehabilitation facilities to service outlying areas.

4. The expansion of the staff, services and facilities of the smaller rehabilitation units.

The Waterbury Region

The Waterbury Region is characterized by a population which is growing faster than any other region of the state. It has, however, the smallest number of rehabilitation facilities of any region reported in this study. Although there are four hospitals, they are all general hospitals with small rehabilitation units. Even in these cases, one has a daily capacity of only ten clients in its rehabilitation unit, and the only psychiatric clinic has a daily capacity of thirty-three clients. There are no hospitals in the region which are primarily concerned with rehabilitation.

At present the one facility in the region offering clients a wide range of rehabilitation services is the Waterbury Easter Seal Rehabilitation Center. Lark Industries, which is a workshop in Torrington, is the next best source of extensive rehabilitation services in the region.

The following services, which are basic to a good rehabilitation program, are not offered in sufficient quantity:

1. Vocational evaluation
2. Prevocational and personal adjustment
3. Vocational counseling
4. Job placement
5. Extended employment
6. Orthotic fittings

Other services which are offered to a minimal degree are:

1. Physical therapy
2. Occupational therapy
3. Speech and hearing services
4. Psychological services
5. Determination of rehabilitation potential

In order to provide these services this region should have the following additional facilities:

1. Two rehabilitation centers.

2. One general workshop.

3. Increased capacity of rehabilitation units already existing in general hospitals.

The Norwich Region

The Norwich Region is unique in its rehabilitation facilities since it contains one of the largest of the State's mental institutions. It is also characterized by the presence of several other State institutions including a custodial institution for women. These facilities serve a broader area than the Norwich Region itself. This study has revealed that even with these institutions present in this area, there is need for immediate improvement in the following types of rehabilitation services:

1. Prevocational and personal adjustment
2. Determination of rehabilitation potential
3. Extended employment
4. Prosthetic and orthotic fitting
5. Psychiatric services
6. Vocational evaluation
7. Vocational counseling
8. Job placement

To provide these services it will be necessary to construct new facilities in this area or to expand existing facilities. At the present time there is a new facility being developed, The John N. Dempsey Regional Center, in Putnam. Although this Center is intended primarily for the retarded it will, eventually, service other disability categories.

The principal rehabilitation center providing the largest range of services to the disabled is the Easter Seal Center of Southern Connecticut located in Uncasville midway between New London and Norwich. All of the others, with some small exceptions, are either State institutions or for special disabilities.

This factor, together with the expected population increase in the Norwich area, indicates a sharp need for more facilities in this region.

These additional facilities should include:

1. A workshop with primary emphasis on vocational training
2. A comprehensive Rehabilitation Center
3. An increase in the rehabilitation capacity of the general hospitals in this area
4. An expansion of the facilities and staff of the smaller facilities

The Unmet Rehabilitation Needs of the State of Connecticut

Up to this point, the rehabilitation resources of the regions in the State, the factors limiting the potential of those resources, and possible new and expanded resources have been presented. It is necessary to draw these regional needs together and look at the State pattern of unmet needs and proposed solutions.

The regional review indicates that in nearly all of the regions certain services are not being adequately provided. These are:

1. Diagnosis and treatment
2. Vocational evaluation
3. Adjustment training
4. Orthotic fitting
5. Prosthetic fitting
6. Vocational counseling
7. The determination of rehabilitation potential
8. General skill training
9. Specific skill training
10. Psychiatric services
11. Speech and hearing
12. Occupational therapy
13. Job placement

In addition to the above services the following disabilities are not being adequately served:

1. Psychotic
2. Psychoneurotic
3. Other behavioral disorders
4. Drug addiction
5. Alcoholism
6. Severe mental retardation
7. Cancer
8. Cardiac
9. Other circulatory conditions
10. Multi-handicapped blind

These deficiencies, combined with the factors which follow, require an increase in the number of rehabilitation facilities in the State, as well as an expansion of the facilities presently in existence.

1. The population of the State will increase by more than one fourth (27 percent) between 1967 and 1975.

2. We may expect by 1975 approximately 180,000 persons suffering from various disabilities in Connecticut (this number, though carefully developed, is considered to be a very conservative figure by many professionals in the State of Connecticut).

It must also be remembered that the economy of Connecticut is heavily involved with defense industries. In the event of a cut-back in these industries, there would be less need for the services of the handicapped. Consequently, this group should be in a competitive position insofar as their ability to find and keep jobs is concerned.

3. The State is already inadequately served by the existing rehabilitation resources in terms of number, services offered, and disabilities served.

4. Forty percent of the facilities now doing rehabilitation work in the State are hospitals. In the case of general hospitals these services given are primarily medical and physically restorative in nature and do not, in many cases, include the broader range of rehabilitation services.

5. Thirty-five percent of the rehabilitation facilities studied are small (having an average daily capacity of 37 clients). The limited physical size of these facilities and their small staffs cause problems of utilization of these facilities.

The following recommendations are made, therefore, in order to achieve the objective of serving more disabled persons by 1975 in various rehabilitation facilities.

Recommendation 1.

There is a critical need for the broader type of services provided by rehabilitation centers with workshops. These services can be furnished by the expansion of smaller facilities in the Waterbury and Norwich Regions or the construction of new facilities.

The presently established centers in Bridgeport, New Haven, and Hartford should examine the possibilities of operating satellite centers in adjacent geographic areas.

Recommendation 2.

Seven additional rehabilitation facilities with primary emphasis on the full range of vocational training services, including extended employment, oriented to disabilities other than mental retardation should be located in:

1. Hartford Region (1)
2. New Haven Region (2)
3. Waterbury Region (2)
4. Norwich Region (2)

Recommendation 3.

There should be established in existing and future facilities especially equipped units, with space for residency, for services to the multi-handicapped blind, with personnel trained to handle the necessary testing and personnel adjustment training. These units should be located in the following Regions:

1. Hartford
2. New Haven
3. Bridgeport

In order to provide a competent staff to run these facilities State Board of Education and Services for the Blind should be allocated funds adequate for developing a training program for the staff.

Recommendation 4.

The following additional facilities serving the mentally retarded are in the process of being established and should be tied in closely with the expansion of other facilities in this area:

1. Lower Fairfield County Regional Center, Wilton, Connecticut.
2. Northwest Regional Center, Danbury, Connecticut.
3. Danbury Regional Center, Danbury, Connecticut.
4. Waterbury Regional Center, Waterbury, Connecticut.

It is further recommended that:

1. There should be more comprehensive rehabilitation counselor coverage of those sheltered workshops whose caseloads consist primarily of mentally retarded clients.

2. There is a need for more long-term or extended employment programs in sheltered workshops for the marginal client. This need might be met by an expansion of existing programs of this nature. However, it should be noted that extended employment is a costly service for a workshop to provide. Therefore, workshops will have to be supported by some form of subsidy in order to maintain this kind of service.

3. There should be more intensive joint planning between public schools and workshops for students in public school special classes. Such planning should occur prior to the termination of the public school program. The vocational rehabilitation counselor should be actively involved in this training.

4. There are several areas in the State where vocational training and/or rehabilitation facilities are virtually non-existent. It is therefore recommended that:

a) A vocational training program for adult retardates be considered for the Shoreline area embracing Madison, Guilford and Branford.

b) In the Durham-Middletown area, private facilities for the retarded - i.e. The Stonegate School, Durham - be explored to see if it might not be possible for this facility to consider providing expanded rehabilitation services for non-retarded but otherwise limited individuals.

Recommendation 5.

The general hospitals which have small rehabilitation units should be urged to seek Federal funds for the expansion of these facilities. The general hospitals, particularly in the Waterbury and Norwich areas, which do not have rehabilitation units should be urged to form such units.

Recommendation 6.

The small facilities in the State should be encouraged and guided in their efforts to expand their physical facilities, and the professional capabilities of their staffs.

Recommendation 7.

In order to assure uniformity of reporting, record-keeping and management, all rehabilitation facilities in the State should be asked to use the Reciprocal Rehabilitation Case Service Report (Form RSA-42) and the Annual Report Form (RSA-43). Their use would be a prerequisite for approval of any State or Federal grants, as well as the approval of purchase of services by the State from these facilities.

Recommendation 8.

The study and analysis of the type of data which has been gathered in this Project should be continued as part of the work of the Research, Development and Planning Unit of the Division of Vocational Rehabilitation. The unit should include among its activities (See volume I of the Statewide Planning for Vocational Rehabilitation Services):

1. Maintaining of a current State registry of all rehabilitation facilities and the services they offer
2. Determining methods by which existing facilities can be encouraged to operate at a greater percentage of utilization, particularly in the case of workshops, which showed a capacity utilization of only 50%.

Recommendation 9.

A further study of existing and future facilities needs, as required to serve the needs of the culturally and socially disadvantaged, should be made. Such a study will be of particular importance when projected rehabilitation programs for these groups are in operation.

Recommendation 10.

The work of the Advisory Committee and the General Committee (pg.5,7) should be continued as part of the ongoing study of rehabilitation facilities and workshops in the State. These committees should be represented on the proposed Vocational Rehabilitation Council, recommended in Volume III of the Statewide Planning for Vocational Rehabilitation Services in Connecticut (page 68).

Priorities

The priorities of the preceding recommendations will be considered in terms of short range and long range goals. By short range is meant that the planning for the new facility or expansion of the facility should be begun in 1969. Long range goals means that planning for the new facilities and the expansion of existing facilities should begin soon, and the construction of the new facility and the expansion of other facilities should begin in 1972.

The first priority should be given to those proposed facilities for the Norwich and Waterbury Regions. The second priority is given to the proposed new and expanded facilities in the following regions: Hartford, New Haven and Bridgeport in that order.

The disabilities which emerged as receiving the least amount of services were Drug Addiction and Alcholism. These disabilities should receive high priority.

In addition, this study has not examined the burgeoning needs of the culturally and socially disadvantaged, as they relate to rehabilitation facilities. Determination of needs for these groups, and the relative priorities of these needs, which may be considerably different from the needs and priorities of those eligible under the traditional definition of vocationally disabled, should be the subject of further research.

Continuing Activity

It is recognized that planning is a dynamic and continuous process and for this reason it has been strongly recommended that the Division of Vocational Rehabilitation continue the planning process for rehabilitation facilities as part of the work of a Research, Development and Planning Unit. These planning activities would continue so that consistent refinements of data on rehabilitation facilities could be made available to other agencies.

An important part of the continuing activities then will be to plan and to coordinate the activities required to implement this State Plan which should be modified and updated each year as experience and reason dictate.

We anticipate that there will be only minor changes in the Advisory and General Committees. Most of the members of these Committees have shown a tremendous interest in the development of the plan, and it is likely they will wish to continue in their advisory roles. It may be advisable, in the interest of legislative concern, to have one or more members of the Connecticut State Legislature as members of these Committees. This would enhance the chances of securing the necessary legislation and funds to implement the plan. The Advisory Committee will be asked to meet frequently and give the staff of the Research, Development and Planning Unit the benefit of its wisdom and counsel regarding the modification and implementation of the State Plan. There are a number of planning groups in Connecticut dealing with such problems as mental retardation, mental health, drug addiction and alcholism. Part of the continuing activity will be to work closely with these other planning groups.

The planning staff will work very closely with the Facility Specialist, the Chief and staff of the Bureau of Community and Institutional Services of the Division of Vocational Rehabilitation. Among the activities of the planning staff will be an annual inventory and utilization survey of the rehabilitation facilities in the State. They will also determine from consultation with professional rehabilitation personnel the adequacy of facilities and programs of service, and the patterns of facility. The planning staff will study new or additional needs which have arisen, progress made in meeting needs, and recommendations for revising priorities.

During one of the General Committee meetings, a member of the Committee suggested that in the future all on-site visits be made by the same group of observers. In this study it was necessary to utilize a number of different counselors to make such visits. It is recognized that a smaller group of persons using a predetermined set of criteria would provide more objective evaluation. A part of the continuing activity, then, will be the job of making on-site evaluations of the facilities by members of the planning staff.

The planning staff may well engage in some activities designed to implement this State Plan. Such activities might include:

1. Speaking to community groups and encouraging them to work for the implementation of the plan,

2. Explaining the nature of the plan to staff members of the various facilities,

3. Working closely with facilities in applying standards and in assisting in the expansion and improvements of plants and programs.

APPENDIX

PHASE OUTLINE

I. Grant Made: July 1966-June 1967

II. Amount: $18,495.00

III. Purpose: To develop a State Workshops and Rehabilitation facilities Plan involving the following:

  A. Recommendations of needs for new workshops and facilities
  B. A continuing evaluation of existing facilities

IV. Stages of Development:

  A. First year--Develop partial plan by organizing existing information on facilities to indicate present needs. Develop cooperative working arrangements with public and private organizations interested in the promotion of centers and workshops.

    1. Work of first quarter of grant period

      a. Appoint Rehabilitation Facilities Specialist to serve as Project Director and organize Advisory Committee of representatives from various agencies such as:

        a. Rehabilitation Centers
        b. Health and Welfare
        c. Labor and Industry

      b. Divide the State into planning areas of sufficient size and concentration to develop a full range or rehabilitation services

    2. Second and third quarters: Inventory workshops and rehabilitation centers in form of a collective tabulation and analysis of pertinent data describing existing workshops and facilities

    3. Last Quarter of Period: Develop partial plan--based on available resources and identified needs

  B. Second Year:
  Continuation Grant made, July 1967--June 1968 for the amount of $18,845.00

    1. Develop a Comprehensive Plan (use format of first year)
    2. Organize for greater cooperative effort among interested agencies
    3. Study, in depth, existing facilities and their potential for expansion and development
    4. Study, thoroughly, present and future needs based on projected population trends and program growth

  C. Third and Fourth Years:
  Continue review and modification reflecting significant changes in size and scope of facility programs and expanding client needs.

TENTATIVE STANDARDS FOR SHELTERED WORKSHOPS

Approved jointly by:

Connecticut State Department of Education
Division of Vocational Rehabilitation
600 Asylum Avenue, Hartford, Connecticut

Connecticut State Department of Health
Office of Mental Retardation
79 Elm Street
Hartford, Connecticut

I. Organization and Administration

A. The workshop shall be operated by a legally consituted non-profit corporate entity under the appropriate laws of the State of Connecticut.

B. The constitution or bylaws shall provide for a governing body representing broad community interests.

C. The governing body shall exercise general supervision, and establish policy regarding property, funds, management and operations.

D. The governing body shall employ a full-time workshop manager or director and delegate to him the authority and responsibility for management of the affairs of the workshop in accordance with established policies.

E. An accounting system shall be maintained enabling the workshop to identify clearly the cost of services and other operational expenses.

F. Ethical and sound practices shall be observed in bidding and executing subcontracts.

G. The workshop shall be certified by the Federal Wage and Hour Division of the U.S. Department of Labor, and/or the Connecticut State Department of Labor and shall have issued to it the wage exemption certificates applicable to the kinds of clients in the caseload.

H. All Clients shall be paid wages at least commensurate with their productivity on the job, and with those paid for similar types and amounts of work done in local commercial and industrial establishments.

II SERVICES

A. There shall be written criteria and procedures for admission.

B. There shall be periodic staff case reviews on all clients in the workshop.

C. There shall be published schedule of fees of service.

D. There shall be an established procedure for consultation services to be implemented as needed-i.e. (psychology, medicine social work, etc.)

III. Staff

A. The workshop staff shall be competent, ethical and professionally qualified for positions held.

B. There shall be written personnel policies, the approval of which shall rest with the governing body.

C. A written job description for each position shall be made available to each staff member.

D. Personnel policies, practices, and job descriptions shall be reviewed periodically by the governing body with the workshop manager or director.

E. An on-going in-service training program for staff shall be planned and implemented.

IV. CLIENTS

A. The workshop shall observe client personnel policies and practices which protect the interest of the client.

B. Written policies, practices, and job descriptions for clients shall be developed, approved by the governing body, and the workshop manager or director.

C. Each client shall be given a manual providing information on services, benefits, working conditions etc.

D. Clients shall have access to an established grievance procedure.

V. RECORDS AND REPORTS

A. The workshop shall maintain, in a confidential file, individual client records including referral and intake date; medical, psychological, social, educational and work history; attendance, performance and progress data; placement and follow-up information.

B. There shall be maintained:

1. Individual payroll records for each client.
2. Individual productivity records for clients on piece work
3. A semi-annual report on wages and performance for clients not on piece work.
4. Records of local prevailing wage rates paid non-handicapped persons for the same or similar types of work done in workshops.
5. Work sheets describing job trials conducted by non-handicapped persons, including the calculations from which client piece work rates were developed.

VI. COMMUNITY RELATIONS

A. The workshop shall have a well planned public education program to encourage the understanding and support of the community.

B. The workshop shall establish and maintain working relations with other community health and welfare organizations, business, civic, labor and other groups able to contribute to the rehabilitation and placement of the handicapped.

C. Fund raising activities shall conform to local practices and standards for social welfare organizations.

VII. HEALTH AND SAFETY

A. The physical plant of the workshop and its environs shall be such that the health and safety of the clients and staff are protected.

B. The physical plant and equipment shall meet all applicable legal requirements for construction, fire protection, safety and design.

VIII. RECOMMENDED PRACTICES

A. Membership in the national and state workshop associations.

B. Insurance coverage to protect the building, equipment, members of the public, and prime contractors' goods and merchandise

C. Workmen's compensation for clients.

D. Social Security coverage for clients

E. Provision for selected staff attendance at pertinent training institutes, conferences, and conventions

CONNECTICUT DIVISION OF VOCATIONAL REHABILITATION

James S. Peters II, Ph. D. Director

Questionnaire

STATEWIDE PLANNING FOR WORKSHOPS AND REHABILITATION FACILITIES

Robert W. Bain, Bureau Chief, Community and Institutional Services
600 Asylum Avenue, Hartford, Connecticut 06105
Tel: 527-6341, Ext. 767

Albert C. Pryor, Jr. Ph.D., Project Director
600 Asylum Avenue, Hartford, Connecticut 06105
Tel. 378-3360 Room 104

Clifford C. Beebe, Facilities Consultant
600 Asylum Avenue, Hartford, Connecticut 06105

Tel. 527-6341, Ext. 767

Exact Title of Facility: ____________________

____

____

____

Address:

City ____________ Town ____________ Zip Code ____________

Telephone number ____________________

Year facility was established ____________________

If facility is a unit in a hospital, indicate when unit was established:

____

____

Name and title of person making this report:

Name ____________ Title ____________

Note: Please Answer Every Question

Return to Dr. Pryor to the above address, by March 15th, 1969.

Circle only one number:

I. PERTINENT INFORMATION REGARDING FACILITY

A. Which one of the following classes best describes the facility:

1. Rehabilitation center (with workshop)
2. Rehabilitation center (without workshop)
3. Workshop general(workshop oriented to needs of physically handicapped)
4. Workshop (oriented to needs of the mentally retarded)
5. School (oriented toward rehabilitation)
6. General hospital (with rehabilitation unit)
7. Special hospital (oriented toward rehabilitation)
8. Other (explain)____

____

____

____

B. Program emphasis: (Circle only one number)

1. Medical rehabilitation
2. Psychological rehabilitation
3. Social rehabilitation
4. Vocational rehabilitation
5. No emphasis-all the above included
6. Combination of two of the above (specify which two)______________
7. Combination of three of the above (specify which three)______________

C. Sponsorship of the program: (Circle the appropriate number)

PUBLIC	NON-PUBLIC
1, State agency(Specify)	2. Community or private (non-profit)
	3. Church affiliated
	4. Other (describe)____________________

D. Sponsorship interest in property: (Circle one appropriate number)

1. Sponsorship owns the property.
2. Sponsorship rents or leases the property.
3. The property is rent-free.

E. Factors affecting admissions to the facility

a. Which of the following age categories best describes the age of the majority of people served by the facility? (Circle only one number.)

1. 0-19	5. 65 and over
2. 20-34	6. 0-48
3. 35-44	7. 50 and over
4. 45-64	8. All ages

b. Which sex does the facility admit? (circle only one.)

1. Male
2. Female
3. Both sexes

c. Which marital status is favored in admission? (Circle only one.)

1. Single
2. Married
3. Separated or divorced
4. Marital status not important for admission purposes

d. Is place of residency a factor in admission? (Circle only one appropriate number)

1. People from the town in which facility is located are admitted.
2. People from a specific regional area are admitted.
3. Anyone in the State is admitted.
4. People from outside Conn. are admitted.
5. Residency is not considered in admission.
6. Other (Specify)________________________

e. Does financial need influence admission?

1. Clients who can pay for services or who will have them paid for by another agency or person are preferred.
2. Clients who cannot pay for services are preferred.
3. Clients who cannot pay for services cannot be admitted.
4. Client's financial need is not considered for admission.
5. Other (Specify)________________________

II PROGRAM EMPHASES

A. Give the number of clients which you have served within the past year in each of the following age groups: (List the number in each age group)

1. 0-4__________	4. 45-64__________
2. 5-14__________	5. 65 and over_______
3. 15-44__________	6. Total____________

B. Does your facility offer the following? (Circle the numbers that apply)

1. Physical and medical evaluation
2. Physical therapy
3. Occupational therapy
4. Speech and hearing service
5. Medical consultation(diagnostic)
6. Psychological services
7. Diagnostic and treatment
8. Social Services
9. Vocational evaluation
10. Prevocational and personal adjustment training
11. Rehabilitation potential determination
12. Vocational counseling
13. Job placement
14. Extended employment
15. Follow-up of discharged clients
16. Prosthetic fitting
17. Orthotic fitting
18. Nursing care (R.N.only)
19. Psychiatric services
20. Skill training (general)
21. Skill training (specific)

c. Circle the number of the disability groups accepted for service by your facility. Include only those groups which comprise a significant proportion (at least 10%) of the total number served by your facility.

1. Blindness
2. Other visual impairments

3. Deafness and other hearing impairments

4. Orthopedic

5. Absence or amputation of members

6. Psychotic discorders

7. Psychoneurotic disorders

8. Alcoholism

9. Drug Addiction

10. Other character, personality and behaviorial disability

11. Mild mental retardation

12. Moderate mental retardation

13. Severe mental retardation

14. Cancer

15. Allergic, endocrine system, metabolic and nutritional

16. Diseases of the blood

17. Epilepsy

18. Other disorders of the nervous system

19. Cardiac Conditions

20. Other circulatory conditions

21. Respiratory diseases

22. Digestive system disorders

23. Genito-urinary system conditions

24. Speech impairments

25. Others (not elsewhere classified)

D. Estimate the percentage of referrals from the following sources. The total should be 100%

1. Educational institutions ____________________

2. Hospitals and sanitoriums ____________________

3. Other health agencies ____________
4. Physicians ____________
5. Social Security Administration ____________
6. Workmen's Compensation agencies ____________
7. Welfare agencies ____________
8. State Employment Service ____________
9. Artificial Appliance Company ____________
10. Individual (except client) ____________
11. Self-referred persons ____________
12. Other sources ____________
13. Correctional institutions ____________
14. State rehabilitation agencies ____________

TOTAL 100%

E. How many "nursing beds" do you have for in-patient care under 24-hour direct supervision. ____________

F. How many "dormitory beds" do you have for independent living type care. ____________

G. How many"out-patient" served, (not housed by the facility)during the last fiscal year. ____________

H. Enter the number of individuals who were referred to the facility for services during the last fiscal year.

1. In-patient____________
2. Out-patient____________
3. Total____________
4. Number DVR and State Board of Education and Services for the Blind__________

I. Enter the number of individuals who were referred by your facility to DVR or the State Board of Education and Services for the Blind during the last fiscal year. ____________

J. Enter the total number of clients accepted for services during the last fiscal year.

1. In-patient__________
2. Out-patient__________
3. Total__________
4. Number DVR and State Board of Education and Services for the Blind__________

K. Enter the average number of clients now being served daily at the facility of workshop:

1. In-patient__________ 2. out-patient__________ 3. Total__________

L. Enter the total number of clients who can be served in the facility or workshop during any single day with the present staff and facility:______________________________

M. Does the facility have a program of services with work-oriented objectives for employment of the client in the competitive labor market? 1. Yes________ 2. No__________ 3. Question does not apply__________

If the answer to the above question is no, what percentage of clients are given extended employment in the facility?

N. Does the facility have its own placement program for clients who are ready for employment in the competitive labor market? 1. Yes________ 2. No______ 3. Question does not apply______________

O. Do you have follow up of clients after they leave the facility?

One month after	1. Yes________	2. No________
Three months after	1. Yes________	3. No.________
Six months after	1. Yes________	2. No.________
One year after	1. Yes________	2. No________

P. Do you have scheduled periodic evaluations of the facility program? 1 Yes________ 2. No__________

III ORGANIZATION AND ADMINISTRATION

A. Is the facility or its parent organization incorporated as a non-profit organization under the appropriate state statute? 1. Yes______ 2. No_____

B. Doesthe facility have a board of directors responsible for establishing board facility policies? 1. Yes______ 2. No______

C. Indicate number on board:__________

D. The board meets:

1. Twice monthly__________
2. Monthly__________
3. Bi-monthly__________
4. Quarterly__________
5. Semi-annually__________
6. Annually__________
7. Other__________
8. Question does not apply__________

E. Does the Board of Directors select the facility director?

1. Yes________ 2. No______
3. Question does not apply__________

F. Does the board delegate to the director overall administration of the facility program?

1 Yes________ 2. NO______
3. Question does not apply__________

G. Does the board have the director's specific duties and responsibilities stipulated in writing? (If yes, enclose a copy with this report.)

1 Yes_____ 2 No__________
3 Question does not apply__________

H. Does the facility director select all members of his staff?

1 Yes_______ 2. No______
3 Question does not apply__________

I. Does the director determine the duties and responsibilities of all the staff and designate the lines of authority and communication among the staff?

1 Yes_______ 2. No______
3. Question does not apply__________

Does the director designate these duties and responsibilities in accordance with provisions set forth by the board of directors?

1. Yes______ 2. No_____
3. Question does not apply__________

J. Does the facility director work from written policies in areas such as?

1. subcontracting

1. Yes ________ 2. NO ________

3. Question does not apply ____________________

2. Purchase of material

1.Yes ______ 2 No ____________

3. Question does not apply ____________________

3. Sale of products

1. Yes ______ 2. No __________

3. Question does not apply ____________________

4. Budget and budgetary control

1. Yes ________ 2. No ________

3. Question does not apply __________________

5. Safeguarding of property and materials

1. Yes ________ 2. No _______

3. Question does not apply ___________________

K. Does the facility finance its capital expenditures from money received as clients' payment for production?

1. Yes _________ 2. NO- ______

3. Question does not apply ___________________

L. Do you use the Reciprocal Rehabilitation Reporting system(Case Service Report, Form RSA 42, and the Annual Report, Form RSA 43) developed by the National Office of Rehabilitation Association for keeping records?

1. Yes _________ 2. No ________

3. Question does not apply ___________________

M. Does the facility conform as nearly as practicable to local industrial and/or business practice relating to fringe benefits and salaries?

1. Yes __________ 2. No _________

3. Question does not apply ____________________

IV. PHYSICAL PLANT

A. Is your facility on a public transportation line?

1. Yes _________ 2. NO _________

B. Is special transportation to your facility required by more than one-half of the clients you serve?

1. Yes ________ 2. NO _________

C. Does your facility provide special transportation from the clients' homes to the facility? 1. Yes __________ 2. NO __________

D. Is the site and size of the property and building, rented or purchased, adequate for the immediate program? 1. Yes __________ 2. NO __________

E. Is the site and size of the property and building, rented or purchased, adequate for contemplated expansion? 1. Yes __________ 2. No __________
3. Question does not apply __________

F. If being constructed, does the site and size of the property and building provide maximum flexibility in adapting floor space and utilities to facilitate operations? 1. Yes __________ 2. NO __________

3. Question does not apply __________

G. Does the facility use criteria similar to that used in industry in determining the type and amount of labor saving tools, equipment and machinery to use in the facility unless there are clearly defined reasons for exceptions in dealing with specific groups of clients? 1. Yes __________ 2. NO __________

3. Question does not apply __________

V. PERSONNEL

A. Indicate below your staff positions represented in the facility.

Positions	Number of Full Time	Number of Part time
1. Director		
2. Audiologist		
3. Group Worker		
4. Instructor-Teacher		
5. Nurse		
6. Occupational Therapist		
7. Orthotist		
8. Physical Therapist		
9. Physician		
10. Placement Officer		

11. Prosthetist ____________ ________________

12. Psychiatrist ____________ ________________

13. Psychologist ____________ ________________

14. Recreation Worker ____________ ________________

15. Rehabilitation Counselor ____________ ________________

16. Social Worker ____________ ________________

17. Speech Therapist ____________ ________________

18. Supervisor ____________ ________________

19. Work Evaluator ____________ ________________

20. Aids (Specify) ____________ ________________

21. Physiatrist ____________ ________________

22. Clerical Persons ____________ ________________

B. Are personnel policies and practices stated in writing and made available to all staff members? If yes, return a copy of these policies with this report? 1. Yes ________ 2 No ________

C. Are staff meetings for administrative purposes, at which staff members are present, held periodically? 1 Yes ________ 2 NO ________

D. Does the facility have a staff in-service training program. 1. Yes ________ 2NO ________

VI. COMMUNITY RELATIONS

A. Does the facility have a public information program? 1. Yes ________ 2. NO ________

B. Do you employ a full time person to do his job? 1 Yes ________ 2. NO ________

C. Do you hire an agency for this work? 1. Yes ________ 2NO ________

VII. FINANCE AND MANAGEMENT

A. What was the amount of Operating Budget for last fiscal year?

1. Administration expenses $____________

2. Staff travel expenses $__________

3. Professional services cost $__________

4. Supplies $__________

5. Equipment $__________

6. Wages paid clients $__________

7. Interest $__________

8. Rent $__________

9. Promotion and public information $__________

10. Transportation $__________

11. Other $__________

TOTAL $__________

B. What is the source of funds for the facility?

Indicate the percentage received from each source. Approximate.

Public

1. Federal ________%

2. State ________%

3. Municipality ________%

Private

4. Fees ________%

5. Gifts ________%

6. Endowment ________%

7. Community Chest ________%

8. Agency fund raising ________%

9. Other (specify) ________%

TOTAL 100%

C. Comments regarding support of facility________________________________

____

____

____

____

____

VIII OTHER FACTORS (circle the number)

A. Do you provide supervised job try-out outside of the facility setting?

1. Yes _____ 2. NO _____
3. Question does not apply__________

B. What is your per-client wage subsidy average for the following?

Current year__________
Last Year __________
Question does not apply__________

NARRATIVE CHECK LIST AND GUIDE
FOR
COUNSELORS

TO BE USED IN EVALUATING
WORKSHOPS AND FACILITIES

NAME OF COUNSELOR ______________________________

DISTRICT OFFICE ______________________________

NAME OF FACILITY ______________________________

DATE ______________________________

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CHECK LIST FOR COUNSELORS

Please answer the following questions by checking Yes or No opposite the question on the statement.

I. NAME OF FACILITY ______________________________

II. LOCATION ______________________________

A. Is the facility accessible by means of public transportation? Yes ( ) No ( )

B. Does the facility provide transportation? Yes ( ) No ( )

C. Does the facility provide easy access to a handicapped person or a person on a wheelchair? Yes ( ) No ( )

III. NATURE OF THE PHYSICAL PLANT

A. Are there any physical or architectural barriers in the plant which might limit the facility in providing services to the handicapped? Yes ( ) No ( )

B. Is the plant physically safe for staff and clients? Yes ( ) No ( )

C. Indicate whether or not there is room for physical expansion of the facility in the building. yes ( ) No ( )

IV. SERVICES PROVIDED

A. Do you consider the services of the facility adequate with reference to the following criteria?

1. Intake procedure Yes ( ) No ( )

2. Work evaluation Yes ( ) No ( )

3. Training in occupational skills Yes ( ) No ( )

4. Work adjustment Yes ( ) No ( )

5. Placement of clients Yes ( ) No ( )

6. Supportive services Yes ( ) No ( )

V. ORGANIZATION AND ADMINISTRATION

A. Do you feel that the governing body of this facility is broadly representative of the community? Yes ( ) No ( )

B. Do you feel that the accounting system of this facility enables the director to identify clearly the cost of rehabilitation services? Yes ( ) No ( )

VI. STAFF

A. Do you consider the number of staff members adequate relative to the number of clients? Yes ( ) No ( )

B. Do you consider the training of staff members adequate? Yes ( ) No ( )

C. Do you feel that the staff is professional in its dealings with the clients? Yes ( ) No ( )

D. Are all staff members provided with a job description? Yes ( ) No ( )

VII. CLIENTS

A. Does the facility have a manual which provides information on services, benefits, working conditions, and other matters of interest to the client? Yes ( ) No ( )
Yes ( ) No ( )

B. Does the facility maintain a procedure for clients? Yes ( ) No ( )

C. Does the facility maintain a confidential case record on each client? Yes ( ) No ( )

D. Does the facility maintain a payroll record for each client? Yes ( ) No ( )

E. Enter total number of clients waiting to enter this facility. ________

F. Enter total number of clients waiting to enter the workshop of this facility. ________

VIII. EXPANSION OF FACILITY

A. Should the facility provide some type of service to its clients that it is not now providing? Yes ( ) No ( )

B. Should the facility provide services to disability groups other than the ones it now serves? Yes ( ) No ( )

C. Should present services be expanded in the next few years? Yes ( ) No ( )

GUIDE LINES FOR COUNSELOR'S ON-SITE EVALUATION

*II. Describe the site of the facility. (Physical location)

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*Roman numerals in this section correspond to numberals in first section to facilitate cross reference.

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Refer to Counselor's Check List, Item II, Question C. If the answer was No, describe the nature of the facility which might make it difficult for a handicapped person to move around in this facility.

III. Describe the physical plant in terms of approximate age and physical condition.

Describe in detail the conditions referred to in Items III, A., B., and C. of the Counselor's check list.

A. ____

____

____

B. ____

____

____

C. ____

____

____

IV. Describe and evaluate the services provided by the facility. Be sure to answer these questions regarding the services.

What services are provided by the facility? __________

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____

Evaluate the quality of these services.

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A. What do you consider the good points regarding these services?

1. Intake procedure ________________________________

____

____

____

____

2. Work evaluation ____

____

____

3. Training in occupational skills ____________________________

____

____

4. Work adjustment ____

____

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5. Placement ____

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6. Supportive services ____

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What do you consider poor or inadequate aspects of these services?

1. Intake procedure ______________________________

2. Work evaluation ______________________________

3. Training in occupational skills ______________________________

4. Work adjustment ______________________________

5. Placement ____________________________________

____

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6. Supportive services ____________________________

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V. Organization and administration

What do you consider the good features about the way the facility is organized and administered?

____

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____

What do you consider the poor or inadequate features of the organization and administration of the facility?

VI. Staff

Discuss the needs of the staff in terms of number, training, and professional relations with clients.

VII. Clients

Give your evaluation of the relationships between staff and clients in this facility.

VIII. Expansion of the facility

Discuss in some detail the three questions regarding the expansion given on the Counselor's List.

OPINION SURVEY FORM FOR COUNSELORS

1. What do you feel is needed in your general area in the way of workshops and other rehabilitation facilities?

2. Will you list the rehabilitation needs of your clients which are not being met at the present time.

3. Why are these needs not being met?

4. Will you estimate the number of clients, active and referred, whom you have worked with in the past year, who could have profited from additional services and facilities had they been available.

5. Where would you like to see additional facilities located?

6. To which of the following additional facilities, programs, and services, would you give priority of importance in these periods?

A. 1970

B. 1972

C. 1975

NAME OF COUNSELOR

ADDRESS OF COUNSELOR

PHONE NUMBER

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